



**SINGLE PARENT SCHOLARSHIP
FUND OF WHITE COUNTY, INC.
P.O. Box 8325, Searcy, AR 72145**

STATEMENT OF PURPOSE

To provide supplemental financial assistance (up to \$1625 per year) to those single parents who are pursuing a course of instruction which will improve their income-earning potential. Scholarships may be used for tuition, books, utility bills, car maintenance, childcare, etc. **Applicants must complete a new application for each semester a scholarship is sought.**

CRITERIA

Single parents selected for financial assistance will meet the following criteria:

1. Resident of White County, Arkansas
2. High school graduate or equivalent (may apply if enrolled in college and in process of obtaining GED diploma).
3. Single head of household (single, separated, divorced, widowed) with primary care of a child under the age of eighteen (18) living in your home.
4. Pursuing a vocationally oriented undergraduate course of study (full or part time) to ensure a better standard of living for his/her family. Applicants cannot already have earned an undergraduate degree with the exception of those pursuing a Master of Arts in Teaching.
5. Low-income as figured on a monthly basis.
6. Applicant must have at least a cumulative 2.5 G.P.A. or academic test equivalency
7. **All documentation listed below must be received by the deadline in order for the application to be considered complete. Incomplete applications will NOT be reviewed.**

INITIAL APPLICATION --

Each applicant must submit the following:

1. **Single Parent Scholarship Application, COMPLETELY filled out in ink or typed.**
- ___ 2. **Verification of college/school enrollment or acceptance (letter from educational institution acknowledging current enrollment and active participation).**
- ___ 3. **Transcript (or copy) of high school or college work (whichever is more recent)**
- ___ 4. **Proof of applying for a PELL Grant.**

NOTE: **#5 & 6 are for first time applicants only!**

___ 5. **Two (2) letters of recommendation from people who are familiar with your character and goals. Please do not use relatives as references. Letters must be signed in ink by the person writing the letter and must include their address and telephone number so they may be contacted.**

___ 6. ****A statement of your goals written on a separate sheet of paper with no less than 90 words.**

**Additional
Scholarship
Resources:**



SCHOLARSHIP APPLICATION

SPRING APPLICATION DEADLINE— December 31
SUMMER APPLICATION DEADLINE — June 1
FALL APPLICATION DEADLINE..... August 15
P.O. Box 8325 Searcy, AR 72145

This application is for the semester of:
 Fall Spring
 Summer
 Year

A. PERSONAL INFORMATION

1. Full Name: _____ SSN #: _____
2. Mailing Address: Street _____ City _____ ZIP _____
3. Residential Address: _____
 Street _____ City _____ ZIP _____
4. E-mail Address: _____ 5. Phone: _____
 Personal E-mail _____ School E-mail _____
 Home Phone _____ Work Phone _____
 Message Phone _____
6. Contact information after graduation (for statistical purposes only):

 Street _____ City _____ ZIP _____
 Work Phone _____ Home phone _____
7. Current Age: _____
8. Are you a resident of White County? _____ Yes _____ No
9. Marital Status: _____ Single _____ Married _____ Divorced _____ Separated _____ Widowed
10. Household Composition:

Name	Relationship	Age	Dependent (Yes or No)

11. Have you previously applied for a White County Single Parent Scholarship? _____ Yes _____ No
 If yes, when? _____ Were you awarded a Single Parent Scholarship? _____ Yes _____ No
12. Will you be working while you go to school? _____ Yes _____ No
13. Check one of the following:
 (Required for state reporting)
 Asian Hispanic
 Black American Native American
 Caucasian Do not wish to answer

B. EDUCATIONAL INFORMATION

1. What college or school are you enrolled in for this scholarship period?
2. What course of study (Major) do you plan to pursue? _____
3. When do you expect to graduate? _____

4. Will you be a full or part-time student? _____
5. How many credit hours are you taking or plan to take this semester? _____
6. List schools attended and training received. Give names & dates. (ex. Springdale High, Diploma, 1964)

High School _____
 Trade/Vocational School _____
 College _____
 Military/Other _____

C. FINANCIAL INFORMATION

1. What are your monthly expenses?

Housing	\$
Utilities	\$
Food	\$
Transportation Costs	\$
Insurance Coverage	\$
Loan Payments	\$
Clothing, household goods	\$
Medical costs (check-ups, dentist, etc.)	\$
Child Care	\$
Other Expenses (please list)	\$
_____	\$
_____	\$

Total Average Monthly Expenses \$ _____

2. Please list source of income in \$ figures, if you derived income from that source in the last 12 months. **Please include all sources such as food stamps, HUD, other scholarships, etc.**

	\$ Per Month	\$ Per Year
Employment		
Work Study		
Reserves	_____	_____
Unemployment		
Social Security		
Rehabilitation		
HUD	_____	_____
TEA Assistance	_____	_____
Child Support		
Food Stamps		
Loans		
V.A.	_____	_____
Scholarships	_____	_____
Pell Grant	_____	_____
Career Pathways		
Total	_____	_____

Other Grants or sources of Income (please list):

Source	Amount
_____	_____
_____	_____
_____	_____

TOTAL HOUSEHOLD INCOME FOR **PAST 12 MONTHS** \$ _____

**Please note any significant changes in income or expenses expected in the next 12 months:

By my signature I certify that the statements on this application are true and correct to the best of my knowledge. I understand that the WCSPSF, Inc. Scholarship Candidate Review Committee may seek verification of this information through collateral contacts and that it is my responsibility to provide verification when asked to do so by the WCSPSF, Inc. Scholarship Candidate Review Committee. I hereby give permission for all information related to my financial aid to be released upon request to the White County Single Parent Scholarship Fund, Inc. Board and Candidate Review Committee or its representatives.

I understand the questions on this application and realize that hiding information, giving false information, or failing to provide adequate verification when asked may result in my application being denied and that such actions may impact consideration for future applications.

Signature

Date

Mail application to:
White County Single Parent
Scholarship Fund, Inc.
P.O. Box 8325
Searcy, AR 72145

FOR BOARD USE ONLY

Application Checklist:

- 2 Letters of Recommendations
- High School Diploma/GED/college transcript
- Proof of Enrollment
- Proof of Pell Approval or Denial
- Statement of Goals

Information Verified

How Verified

Verified By

___ Social Security	_____	_____
___ Rehabilitation	_____	_____
___ HUD	_____	_____
___ TEA Assistance	_____	_____
___ Child Support	_____	_____
___ Scholarship	_____	_____
___ Pell Grant	_____	_____
___ Other Scholarships/Grants	_____	_____

Appl Dt _____
Rec'd By _____

Appl Dt _____
Award Amt \$ _____
Check # _____
Check Dt _____

Denied Dt _____
Reason _____

Signature of Board Member

Date

Signature of Board Member

Date

**AUTHORIZATION TO RELEASE OR OBTAIN CONFIDENTIAL INFORMATION FOR THE WHITE
COUNTY SINGLE PARENT SCHOLARSHIP FUND, INC.**

I, _____, authorize White County Single Parent Scholarship Fund, Inc. to release the following information to the individual(s) and/or organization or publications listed below.

Information to be released: Picture, general information regarding personal history, application for and receipt of scholarship from the White County Single Parent Scholarship Fund, Inc., and any other information voluntarily given by _____ to the media including
(Student Name)
newspapers, newsletters, TV ads, and other media venues.

To be used for promotion of the White County Single Parent Scholarship Fund, Inc. and its projects.

Individual(s) and/or Organization(s): (May be but not limited to the following)

White County Single Parent Scholarship Fund, Inc. and/or its representatives
Arkansas Single Parent Scholarship Fund, Ralph Nesson, Director, 614 E Emma, Springdale, AR 72764
Newspapers, radio and television stations, etc.

This release of confidential information is valid until canceled by the undersigned in writing. I understand the information will be used only as stated above.

Choosing not to sign this form will not affect your chances of being awarded a scholarship.

Signed

Date _____

Memorandum of Understanding

I am applying for a scholarship to be awarded by the White County Single Parent Scholarship Fund, Inc. (WCSPSF, Inc.). I understand that the WCSPSF, Inc. is a private, non-profit organization which awards scholarships to single parents who meet certain eligibility requirements.

I understand the following:

1. WCSPSF, Inc. has certain requirements that must be met before I may be awarded a scholarship.
2. The status of program funds and/or eligibility requirements may be changed without notice. New changes can be found at www.aspsf.org.
3. I must meet all eligibility requirements during the semester for which a scholarship is awarded or I will forfeit the scholarship application and possibly future scholarships.
4. Not all applicants who meet eligibility requirements may be awarded a scholarship.
5. If I drop out of school for any reason, marry, or move out of White County, I lose all rights to remaining awarded funds. I shall be responsible for notifying Cheryl Cherry of any changes by phone at 501-207-6252, or by e-mail [at ccherry@searcy.asub.edu](mailto:ccherry@searcy.asub.edu). If I do not receive a reply from Cheryl, I will continue to attempt to contact her until I do.
6. I understand that dropping classes, in any given semester, below the award amount, may affect current or future scholarship awards. I shall be responsible for notifying WCSPSF of any changes in my schedule. Not notifying WCSPSF, Inc. may cause me not to be awarded future scholarships.
7. I understand that if I miss an interview appointment I may become ineligible to receive a scholarship. WCSPSF, Inc. will only make three attempts within two days to contact applicants to schedule an interview. If no response is received within 48 hours, WCSPSF, Inc. will assume my application has been withdrawn.

Interviews are planned to be scheduled during the following times:

Spring Semester	2 nd Week in February
Summer Sessions	2 nd Full Week in July
Fall Semester	3 rd Full Week in September

8. Purposely falsifying any information required by WCSPSF, Inc. or making misleading or false statements concerning WCSPSF, Inc. or any agencies dealing with WCSPSF, Inc. will result in immediate dismissal from the program.
9. I understand the Interview Committee's decision is final.

If I am not awarded a scholarship or if I should become ineligible to receive a scholarship or any part thereof, I do waive any cause of action that I may have against WCSPSF, Inc., its officers, directors, Board Members, employees or volunteers. I understand that by affixing my signature to this document that WCSPSF, its officers, directors, Board Members, employees or volunteers will not be liable for any loss that I may suffer by reason of not receiving a scholarship.

I have read and understand the above requirements and by my signature do agree to abide by them.

Signature of Applicant

Date

I understand that the WCSPSF, Inc. is required to verify all information provided to determine eligibility for assistance. I hereby give permission for all financial and academic information related to my application for a Single Parent Scholarship to be released, upon request, to the WCSPSF, Inc. I also agree to participate in the follow up research conducted by WCSPSF, Inc. after I am no longer receiving scholarship awards and hereby give permission to WCSPSF, Inc. to obtain enrollment and graduation information from my school as is needed for their subsequent reports.

Signature of Applicant

Date