

**WOODRUFF COUNTY SINGLE PARENT
SCHOLARSHIP FUND
APPLICATION FORM**

Purpose: Helping single parents with supplemental financial assistance to obtain a post-secondary education, by giving a hand-up not a hand out.

CRITERIA: Single parents selected for financial assistance must meet the following criteria:

1. Resident of Woodruff County, Arkansas
2. Single head of household (single, legally divorced or widowed) with sole custody of children under the age of eighteen years of age.
3. Must have completed one semester of college (does not include high school graduates)
4. If you have withdrawn from 2 or more classes, in a given semester, **before** receiving a scholarship, your award may be re-evaluated or decreased.
5. If you have withdrawn from 2 or more classes, in a given semester, **after** receiving a scholarship, your scholarship maybe re-evaluated or decreased.
6. Grade Point Averages should not fall below a 2.0
7. You will be required to submit receipts for the scholarship funds received.
8. Scholarship amounts may vary. Amounts will be based on interview scores.

APPLICANTS: Each applicant must submit the following by the application **deadline** (no exceptions):

1. Attach the application filled out clearly in ink or typed and submitted directly to: **Woodruff Co. Single Parent Scholarship Fund**

**Po Box 194
McCroary, AR 72101**

2. Letter of verification of enrollment or acceptance
3. Transcript of high school, technical institute or college (most current)
4. **New** applicants must submit three (3) letters of recommendation from people not related to you. They should be familiar with your life experiences and with your character. **Returning** applicants submit three (3) letters once a year.
5. Please attach a personal statement explaining why you chose this particular course of study and what you hope to achieve. Feel free to include any information about yourself, which might be helpful to the Selection Committee in its evaluation.

Please keep this page for your records

SPSF/WOODRUFF COUNTY SCHOLARSHIP APPLICATION

**Deadlines: Spring semester - December 15
Summer semester - June 1
Fall semester - August 15**

A. PERSONAL INFORMATION

1. Full Name _____ S.S.# _____

2. Mailing Address: _____
(Street) (City) (Zip)

3. Residential Address: _____
(if different from above)

4. Phone: Home # _____ Work# _____ Message# _____

5. Current Age _____ Date of Birth _____

6. How long have you been a Woodruff County resident? _____

7. Marital Status: (please circle one)
SINGLE DIVORCED WIDOWED

8. Including yourself, how many individuals are dependent on you for financial help or support? _____

9. Please list the ages of your children _____

10. Is anyone sharing your household expenses with you? YES _____ NO _____

11. Do you have relatives living in the area? YES _____ NO _____

If YES, what assistance do they provide you? (check all that apply)

_____ Housing _____ Transportation _____ Childcare

_____ Financial Help _____ Other _____ None

12. Have you previously applied for a Woodruff County Single Parent Scholarship?

YES _____ NO _____

Were you awarded a Single Parent Scholarship? YES _____ NO _____

If YES, When? _____

B. EDUCATIONAL INFORMATION:

1. List schools attended or training received. Give names and dates.
(Example: Cotton Plant, Diploma, 1964; GED McCrory, 1980)

High School or GED: _____

Trade or Vocational School: _____

College: _____

Military / Other: _____

2. Are you currently attending college or school? _____ Yes _____ No.

If YES, number of credit hours already completed toward degree/ diploma: _____

3. What college or School do you now attend or plan to attend? _____

4. What course of study (major) do you plan to pursue? _____

5. When do you expect to graduate? _____

6. Will you be a full-time or part-time student? FULL _____ PART _____

7. How many credit hours do you now take or plan to take? _____

C. FINANCIAL INFORMATION:

1. What are your average monthly expenses? (Please list dollar amount)

- Housing \$ _____
- Utilities (electric, gas, phone, water) \$ _____
- Food \$ _____

- Transportation (gas, tires, maintenance) \$ _____
- Insurance Coverage \$ _____
- Loan payments \$ _____
- Monthly payments \$ _____
- Clothing, household goods \$ _____
- Medical costs (check – ups, dentist, etc) \$ _____
- Child care \$ _____
- Other Expenses (please list) \$ _____

- _____ \$ _____
- _____ \$ _____
- _____ \$ _____

TOTAL AVERAGE MONTHLY EXPENSES \$ _____

2. Are you covered by any health or medical insurance? YES _____ NO _____
3. Will you be working for income while you go to school? YES _____ NO _____
If YES, how many hours each week will you work? _____
4. Please list sources of income in \$ figures in **COLUMN A** if you derived income from that source in the LAST 12 months. In **COLUMN B**, list the \$ amount of sources of income that you will derive income from in the NEXT 12 months. **If Column B is not completed, we cannot process your application.**
PLEASE INCLUDE ALL SOURCES SUCH AS FOOD STAMPS, HUD, OTHER SCHOLARSHIPS, ETC.

	COLUMN A		COLUMN B	
	Income last year (past 12 months.)		Income expected (next 12 months)	
	A	A	B	B
	\$ Per Month	\$ Per Year	\$ Per Month	\$ Per Year
Friends				
Family				
Employment				
Work Study				
Reserves				
Unemployment				
Social Security				
Rehabilitation				
HUD				
Tea Assistance				
Child Support				
Food Stamps				
Loans				
V.A.				
Scholarship				
Pell Grant				
Totals				

Other Grants or sources of income (please list): \$ _____

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

TOTAL HOUSEHOLD INCOME FOR **NEXT** 12 MONTHS: \$ _____

(OPTIONAL) Please include anything else about your financial situation that would be helpful in evaluating your application in the space provided.

5. Have you applied for a Pell Grant? YES _____ NO _____
 Have you been granted a Pell Grant? YES _____ NO _____
 Do you know the amount of the Grant? YES _____ NO _____

6. For what types of costs do you anticipate using the Single Parent Scholarship?

7. Please list your employers for the past five years beginning with your present or most recent employer:

Name of Employer	Address	Job Title	From – To

If you have not been employed outside the home, list some of your major home and community activities:

D. ADDITIONAL REQUIREMENTS

1. Please have **three** people (**not related to you**) send letters of reference to the Scholarship Committee. They should be familiar with your life experiences and with your character.
2. Please attach a personal statement explaining why you chose this particular course of study and what you hope to achieve. Feel free to include any information about yourself, which might be helpful to the Selection Committee in its evaluation.
3. Please attach a copy of your high school diploma or college transcript (or GED certificate and test scores) to this application, or a copy of your mid-term grades.
4. Verification of enrollment or acceptance

YOU MUST SIGN AND DATE THE RELEASE STATEMENT BELOW:

VERIFICATION

I hereby give permission for all information related to my financial aid to be released, upon request, to the Single Parent Scholarship Fund of Woodruff County.

 Signature of Applicant

 Date