

**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 If you have withdrawn from 2 or more classes, in a given semester, **before** or **after** receiving a scholarship, your award may be re-evaluated or decreased.
5. Grade Point Averages should not fall below a 2.0. A copy of grades must be submitted each semester.
6. You will be required to submit receipts for the scholarship funds received.
7. Scholarship amounts may vary.
8. Applicant must have applied for a Pell grant.

**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  
McCrary, AR 72101**
2. Letter of verification of enrollment or acceptance
3. Transcript of high school, technical institute or college (most current)
4. 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**

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**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 \_\_\_\_\_ email: \_\_\_\_\_
6. School Term: Fall [ ] Spring [ ] Summer 1<sup>ST</sup> [ ] Summer 2<sup>ND</sup> [ ]
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 expenses with you? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, what assistance do they provide you? (check all that apply)  
\_\_\_\_\_ Housing \_\_\_\_\_ Transportation \_\_\_\_\_ Childcare  
\_\_\_\_\_ Financial Help \_\_\_\_\_ Other
11. **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: \_\_\_\_\_

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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-TIME \_\_\_\_\_
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. Will you be working for income while you go to school? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, how many hours each week will you work? \_\_\_\_\_

3. 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.

	<b>A</b> Income last year \$ Per Month	<b>A</b> Income last year \$ Per Year	<b>B</b> Income this year \$ Per Month	<b>B</b> Income this year \$ 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 (See Note)				
<b>Totals</b>				

**NOTE: (you must have applied for a Pell Grant and list amount to qualify for this scholarship)**

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.

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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:

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**YOU MUST SIGN AND DATE THE RELEASE STATEMENT BELOW:**

**VERIFICATION**

I understand all rules, regulations and requirements in regards to the WCSPSF and I understand by signing this document that WSPSF, its officers, directors, employees or volunteers will not be liable for any loss I may suffer by reason or not receiving a scholarship. My signature also gives the Board permission to verify all information in this application including that related to my financial aid to determine scholarship eligibility.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**\*After the long form is submitted the first semester of each year, awardees may submit the short application form for the remaining semesters during that year.**

**SPSF/WOODRUFF COUNTY SCHOLARSHIP APPLICATION**

**DEADLINES:**

**Spring - December 1**  
**Summer I & II – May 1**  
**Fall - August 1**