

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

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

SSN# _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE# _____ WORK _____

MESSAGE# _____ EMAIL: _____

SCHOOL TERM: Fall [] Spring [] Summer 1ST [] Summer 2ND []

NAME OF SCHOOL: _____

YEAR OF STUDY: Freshman [] Sophomore [] Junior [] Senior []

Number of hours enrolled: _____ Major: _____

PLEASE ATTACH TRANSCRIPT

I understand all rules, regulations and requirements in regards to the WCSPSF and I understand by signing this document that SPSF, 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 to determine eligibility.

Applicant Signature: _____ Date: _____