

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

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

SSN# \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE# \_\_\_\_\_ WORK \_\_\_\_\_

MESSAGE# \_\_\_\_\_ EMAIL: \_\_\_\_\_

SCHOOL TERM: Fall [ ] Spring [ ] Summer 1<sup>ST</sup> [ ] Summer 2<sup>ND</sup> [ ]

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 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 to determine eligibility.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_