

PROCEDURES FOR DETERMINING SCHOLARSHIP RECIPIENTS

THE APPLICATION FORM

One of the most important tasks of an ASPSF board of directors is to decide on applicant eligibility criteria and to then incorporate these into the scholarship application form. The ASPSF has set criteria for awards: recipients must be residents of the county in which they are applying, single parents with custodial care of at least one minor child, and at or near the poverty level. Applicants must be enrolled in an undergraduate course of study, with the exception of candidates for the Master of Arts in Teaching (MAT) degree. Beyond these requirements, affiliates are free to set other criteria as they deem appropriate within the bounds of the ASPSF philosophy and the requirements for affiliation status (see **Policies and Procedures**, Section 2).

Although required materials vary with each affiliate, it is recommended that affiliates request applicants to submit a completed application form, three letters of recommendation, a current transcript of all completed courses, and a goal statement. To reduce potential legal conflict or negative publicity, it is important for the scholarship application form to fully disclose all eligibility and application guidelines and criteria. A sample scholarship application form can be found on pages 5-4 through 5-12. Additional applications can be seen on the ASPSF website: www.aspsf.org.

For the convenience of your busy single parents and to reduce your operation costs, ASPSF encourages affiliates to post a printable version of the scholarship application on the affiliate's web page on the ASPSF website. Simply attach the document file to an email and send it to Chris Womack at cwomack@jtlshop.jonesnet.org. Contact Chris at (479) 927-1402 xt. 10 for questions and guidance.

SCREENING

Each application should be read over carefully with a checklist at hand to insure that the applicant has submitted all required materials and that s/he meets all eligibility criteria for a scholarship award.

INTERVIEWING

While ASPSF does not require interviews as part of the scholarship application process, it is highly recommended. If they are conducted in a positive and supportive manner, interviews can be a win-win situation for the affiliate board and for the applicant.

If you plan to conduct applicant interviews, each participating board member should review the applications thoroughly before each interview, writing down any resulting questions. The applicant should be made to feel comfortable with an explanation that interviews are conducted in order to allow board members to become familiar with each student. Questions should be posed in a non-threatening way and suggestions of other resources should be offered to the applicant, if appropriate.

In some cases, it may become apparent that the student will benefit from accessing certain assistance, such as tutoring or course selection advice. The board may then want to attach some conditions to the award of a scholarship, such as asking the student in question to make contact with an advisor or tutor before a scholarship check is released.

Interviews are critically important for another reason; they allow the student to become familiar with board members as interested, compassionate members of the community. As students pursue their education, they should feel supported and encouraged by the board members. This relationship is as important to the success of the student as the scholarship assistance itself.

During the interview process, no scholarships should be promised. During the interview, the applicant should receive a date when he/she will be notified of the board's decision concerning his/her application. Award notices with instructions on check disbursement procedures should be mailed within two weeks after recipients are selected. If the application is denied, a denial letter should be sent with reasons for the denial and if, applicable encouragement to reapply in the future.

A sample interview script that affiliate board members might use can be found on page 5-12 of this section.

RATING

When scholarship dollars are limited and the number of applications far outnumber the available scholarship assistance, it is necessary to utilize a rating system for applicants. There is no

absolutely objective way to rate scholarship applicants, but certain factors can be assigned numerical ratings *with as much objectivity as possible*. Three such factors include **the applicant's financial profile, the applicant's potential for success, and the expenses to be covered by the scholarship amount**. Each interviewing board member should participate in numerical rating, using **5** as the highest rating in each category and **1** as the lowest. In this way, a combined ranking of between 3 and 15 will result when the three categories' rankings are totaled by each interviewer. By adding the scores assigned by each interviewer and dividing the resulting number by the total number of interviewers, a ranking will be available for each applicant.

Other factors, including number of children, practicality of goals, and past academic record, are also worthy of consideration. These may sway a decision one way or another if the numerical ranking does not produce clear preferences.

A sample rating sheet is included on page 5-14 and 5-15 of this section.

SELECTION

Once the screening, interviewing, and ranking have been completed, selection of recipients should be simple. Whether or not a numerical ranking system has been used, the board should determine how much money is available for scholarships and make its selections accordingly. A waiting list of applicants may be created from those students whose ratings prevented their selection but to whom the board would like to offer assistance if additional funds become available.

If the availability of sufficient money to cover all qualified applicants is an issue, the board may consider offering half scholarships to students with lower rankings.

Students should be notified of the board's decisions within two weeks of the completion of the interview process. This will allow them to build the scholarship into their budgets and to reduce any financial pressure weighing heavily on them. Sample letters are on pages 5-17 to 5-19 of this section.



Single Parent Scholarship Fund OF WASHINGTON COUNTY, INC.

Changing lives, now and into the future

Scholarship Application

Statement of Purpose

The purpose of the Single Parent Scholarship is to provide supplemental financial assistance 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, or any other financial need that contributes to the recipient's success in school.

Amount of Scholarship

Single Parent Scholarships are distributed three times a year.

Spring and Fall Sessions:	Full Time Students	\$1,500	Part Time Students	\$750
Summer Session:	All Students:	\$750		

Applicants may reapply for each semester they are attending school but **they must fill out a renewal application for each semester a scholarship is sought.**

Deadlines

Spring Sessions:	October 15th
Summer Sessions:	March 15th
Fall Sessions:	June 15th

Criteria

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

1. Resident of Washington County, Arkansas.
2. High school or GED graduate.
3. Single head of household (single, legally separated, divorced, widowed) with sole custody of one or more children under the age of 18.
4. Pursuing a career-oriented course of study (full or part time) to ensure a better standard of living for his/her family. Applicants must not have an undergraduate degree with the exception of those pursuing a Master of Arts in Teaching.
5. Low income person at or near the poverty level.
6. Recipient of a Pell Grant or in the process of obtaining a Pell Grant.

614 East Emma, Suite #103
Springdale, Arkansas 72764
479-750-4971 * FAX: 479-750-2491
E-MAIL: carrie@spsfwc.org

Revised 3/28/2007



SPSEFWC SCHOLARSHIP APPLICATION (Continued)

FINANCIAL INFORMATION (Continued)

Are you covered by any health insurance? Yes No

Are you currently working? Yes No

If YES: Number of hours you work per week: _____
Is this a work study position? Yes No

Will you be working for income during the semester covered by this scholarship? Yes No

If YES: Number of hours you expect to work per week: _____
Will this be a work study position? Yes No

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

<u>Name of Employer</u>	<u>Address</u>	<u>Job Title</u>	<u>From—To</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any volunteer work or community activities in which you have participated during the past 5 years:

Have you previously applied for a Washington County Single Parent Scholarship? Yes No

If YES: Were you awarded a Single Parent Scholarship? Yes No

If YES, when? _____

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

What are your anticipated school expenses for the semester covered by this scholarship?

Tuition and Fees _____

Books and Supplies _____

SPSFWC SCHOLARSHIP APPLICATION (Continued)

FINANCIAL INFORMATION (Continued)

Have you applied for other types of financial aid? Yes No

If YES: Have you received your financial aid award notification? Yes No

Please list the amounts of each type of financial aid you have received in the recent past or or will receive during the next semester.

Type of Financial Aid	Amount Received Last Semester	Amount Received Current Semester	Amount Expected Next Semester
Pell Grant			
Student Loans			
Work Study			
Other Grants or Scholarships (Do NOT include anticipated SPSF Scholarship money in this amount).			
Other types of financial aid: (Please specify:			

What are your average monthly expenses? (Please list dollar amounts)

Expense	Amount You Pay	Amount Paid Through Outside Assistance
Housing		
Utilities (electric, gas, phone, water)		
Food		
Transportation (gas, tires, maintenance)		
Car Payment		
Auto Insurance		
Health Insurance		
Medical Costs (check-ups, dentist, etc.)		
Clothing and Household Goods		
Child Care		
Credit Card Payments		
Other Loan Payments		
Other Monthly Expenses (Please List)		
Total Average Monthly Expenses		

SPSFWC SCHOLARSHIP APPLICATION (Continued)

FINANCIAL INFORMATION (Continued)

Sources of Income

Please list both monthly and annual amounts for each source of income. Column A should include income derived from each source during the PAST 12 months. Column B should include the amounts you expect to derive from each source during the NEXT 12 months. **THIS SECTION MUST BE FILLED OUT COMPLETELY TO BE CONSIDERED FOR A SCHOLARSHIP.**

Source of Income (Net Income)	Column A (Past 12 Months)		Column B (Next 12 Months)	
	Per Month	Per Year	Per Month	Per Year
Friends				
Family				
Employment				
Child Support				
Reserve Armed Forces				
Unemployment				
Social Security				
Rehabilitation				
HUD Rental Assistance				
TEA Assistance				
Child Care Vouchers				
Food Stamps				
V.A.				
Loan from Family or Friends				
Savings				
Other (Please list)				
TOTAL				

In the space below please include anything else about your financial situation that would be helpful in evaluating your application.

SPSFWC SCHOLARSHIP APPLICATION (Continued)

ADDITIONAL REQUIREMENTS

1. **APPLICATIONS MUST BE COMPLETED AND RECEIVED BY THE DEADLINE TO BE CONSIDERED FOR A SCHOLARSHIP.** If you leave any section blank you will not be considered for a scholarship.

2. **FIRST TIME APPLICANTS** must submit the following supporting documents in addition to this application form . Use this checklist to be sure your application packet is complete.

_____ Three letters of reference from people (not related to you) who are familiar with your life experiences and with your character.

_____ 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.

_____ A copy of your high school transcript and diploma OR your GED certificate and test scores.

_____ Official transcripts from any colleges or schools you have previously attended.

_____ A letter of acceptance/admission from the school of your choice or an official transcript that indicates current enrollment that will be acceptable.

RENEWAL APPLICANTS must submit the following supporting documents in addition to this application form.

_____ An official transcript (Fall Scholarships Only).

Upon submission of your application you will receive a letter telling you if your application packet is complete. You will only receive one notice if you are missing required items.

3. After the submission deadline, applications will be screened for eligibility. Those applicants eligible for a Single Parent Scholarship will be invited to a personal interview. You will receive a notice telling you the days and times interviews will be conducted. You must call to schedule your interview when you receive this notice.
4. After the interviews, applicants will receive a written notice advising them whether they have been awarded a scholarship. If you receive a scholarship your notification letter will specify the date scholarship money will be distributed and the procedure to follow to receive your check. Prior to check distribution each recipient must submit a class schedule for the semester covered by the scholarship and a copy of the final grades from the previous semester (if recipient was in school). To receive a fall scholarship, each recipient must submit an official transcript which includes grades earned the previous academic year.
5. Part time students must take a minimum of 6 credits hours to be eligible for a scholarship.
6. You must sign and date the Memorandum of Understanding (Page 7).

The following is OPTIONAL but your assistance in these areas increases the ability of Single Parent Scholarship Fund to publicize our efforts and to raise money. Please check yes or no to each item and sign at the bottom of the page. Thank you!

I hereby give Single Parent Scholarship Fund permission to use information about my background, experiences and academic accomplishments in promotional materials.

Yes, with my name _____ Yes, but only anonymously _____ No _____

I would be willing to assist SPSF by speaking at civic clubs, churches, or other engagements in which members of the community want to learn about the activities of the Single Parent Scholarship Fund. Yes _____ No _____

Signature

Date

SPSFWC SCHOLARSHIP APPLICATION (Continued)

Memorandum of Understanding

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

I understand the following:

1. SPSFWC has certain requirements for eligibility that must be met before I may be awarded a scholarship.
2. The status of program funds and/or eligibility requirements may be change without notice.
3. I must meet all eligibility requirements during the semester for which a scholarship is awarded or I will forfeit the scholarship.
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 Washington County, I lose all rights to remaining awarded funds. I shall be responsible for notifying SPSFWC.
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 SPSFWC.
7. I understand that if I miss an interview appointment I may become ineligible to receive a scholarship.
8. Purposely falsifying any information required by SPSFWC or making misleading or false statements concerning SPSFWC or any agencies dealing with SPSFWC will result in immediate dismissal from the program.
9. I understand that the Interview Committee 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 the SPSFWC, its officers, directors, employees or volunteers. I understand that by affixing my signature to this document that SPSFWC, its officers, directors, 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 Single Parent Scholarship Fund of Washington County, 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 Single Parent Scholarship Fund of Washington County, Inc. I also agree to participate in follow up research conducted by SPSFWC after I am no longer receiving scholarship awards and hereby give permission to SPSFWC to obtain enrollment and graduation information from my school as is needed for their subsequent reports.

Signature of Applicant

Date

SAMPLE INTERVIEW SCRIPT

WELCOME AND INTRODUCTIONS OF MEMBERS PRESENT

1. Could you tell us something about yourself?
2. Could you tell us something about your family?
3. What prompted you to return to school/continue your education?
4. What school do you plan to attend?
5. What major do you intend to pursue?
6. Do you live alone with your children, or do you share housing? If you share housing, with whom do you live?
7. Could we discuss your financial packet with you?
8. Discuss other possible financial aid opportunities, such as TRIO, Career Pathways, Fund My Future, Arkansas Workforce training assistance
9. Discuss housing options. (mention Housing Authority apartments, etc.)
10. Clothing assistance
11. How much debt (in college loans) are you taking on this semester?
12. What do you expect to owe on your college loans by the time of your graduation?
13. What is the length of your program?
14. When do you expect to graduate?
15. Do you foresee any immediate obstacles to your goals?
16. Do you have any unusual family expenses?
17. Do you have special needs of your own?
18. Do you have family or friends in the area who provide either emotional or financial support?
19. Do you attend a support group?
20. Are you interested in a mentor? (Explain your affiliate's mentoring program)

EXPLAIN VENDOR PAYMENTS SYSTEM

EXPLAIN THE STUDENT'S RESPONSIBILITY TO THE COMMITTEE:

1. Let the student know that grades and schedules must be provided to the board when available.
2. Inform the student of the next approaching scholarship application deadline.
3. Tell the student that he/she must keep the board informed of changes in his/her contact information as they occur, etc.

CLOSING: WE ARE HERE TO HELP YOU BE SUCCESSFUL...

SAMPLE RATING WORKSHEET

One Rating Worksheet should be filled out for each applicant by each Board Member who interviews the applicant.

APPLICANT'S PERSONAL INFORMATION

NAME OF APPLICANT: _____

APPLICANT'S AGE: _____

NUMBER OF DEPENDENTS LIVING WITH APPLICANT: _____

SCHOOL APPLICANT IS ATTENDING/WILL ATTEND: _____

MAJOR APPLICANT IS PURSUING/WILL PURSUE: _____

ANTICIPATED GRADUATION DATE: _____

HIGHEST EDUCATIONAL LEVEL ACHIEVED: _____

CURRENT GPA: _____

LIST AND RATE THE FOLLOWING INFORMATION

Rating Scale 5 (highest) to 1 (lowest)

1. FINANCIAL PROFILE/OTHER ASSISTANCE:

RATING: _____

2. SCHOLARSHIP NEEDS:

RATING: _____

3. APPLICANT'S GOALS:

RATING: _____

Sample Rating Sheet Continued

4. OTHER INFORMATION TO CONSIDER:

TOTAL RATING (*This number is the sum of the three ratings you assigned to sections 1, 2, and 3. The Total Rating must be a number between 3 and 15*): _____

Average the Total Rating you assigned this applicant with the Total Ratings assigned by the other Board Members who interviewed this applicant. The resulting number should be used as a guideline for naming scholarship recipients.

Signature of Board Member who Completed this Rating Sheet

Date Completed

SAMPLE STATUS REPORT REIMBURSEMENT REQUEST

Single Parent Scholarship Fund of Prairie County Status Report and Reimbursement Request							
Recipient Name	School Attending	Field of Study	# Minor Children	Dates Granted	Amount	Working Y/N	Comments
Student 1	UALR	Early Childhood Education	1	2/12/2002	\$500	N	Expected graduation May 2003
				6/18/2002	\$250		
Student 2	Harding	Nursing	2	2/12/2002	\$500	N	Expected graduation 2005
				6/18/2002	\$250	N	
Student 3	ASU-Beebe	Criminal Justice	1	2/12/2002	\$500	Y	Expected graduation May 2003
Student 4	Philander Smith College	Elementary Education	1	2/12/2002	\$500	Y	Expected graduation May 2003
Student 5	Foothills Technical Institute	Business	2	2/12/2002	\$500	N	Expected graduation Dec. 2003
Student 6	Phillips Community College	Early Childhood Education	1	6/18/2002	\$500	Y	Unknown

Single Parent Scholarship Fund of Pulaski County
1333 Main Street
North Little Rock AR 72114
(501) 376-4119

August 7, 2006

Michelle Ross
123 Any Street
North Little Rock, AR 72117

Dear Michelle:

It is with sincere regret that I inform you that you were not chosen to receive the Single Parent Scholarship for the Fall 2006 session. The number of applicants exceeded the number of scholarships we can award this semester. In fact, fewer than half of those who applied will receive the scholarship.

I encourage you to visit the following website:

www.fundmyfuture.info

Also, please contact one of the following people for information about other financial aid and support services that may be available on your campus:

Pulaski Technical College:	Sylvia Crockett, Single Parent Advocate	812-2226
UALR:	Barbara Silaski, Adult Student Advocate	569-3308
Baptist Schools:	Beth Nelson	202-7411
Philander Smith:	Marcus Montgomery	370-5372

Employment and educational services are also offered at the Central Arkansas Workforce Center (where you submitted your SPSF application). Please call 376-4119 for more information.

Our applications will be available in April for the Fall 2007 semester. Please contact our office at that time to reapply for our program.

Our staff, Board of Directors, and volunteers sincerely hopes you will be able to continue your education and wishes you much luck in achieving your dreams.

Sincerely,

Diann S. Siegele
Student Support Specialist

Thursday, April 19, 2007

Jane Doe
1234 Sesame Street
Fayetteville, AR 72701

Dear Jane,

Congratulations! You have been awarded a Single Parent Scholarship for the Summer 2007 semester in the amount of \$750.

Scholarship checks can be written to you personally, to your school, or to a third party (e.g., your landlord). If you are receiving Food Stamps, you may want to write the check to a third party in order to avoid reduction of your allotment. This simply requires you to tell us where you want the money to be spent. We write and mail the checks for you. Up to four checks can be written for expenses directly related to the continuation of your education such as childcare, transportation, tuition, books, rent and utility bills.

We will issue checks beginning Tuesday, May 15, 2007. To make this process easier for us and faster for you we are asking that you complete and return the enclosed form telling us how you want your money distributed. If you would prefer to email this information contact us at: carrie@spsfwc.org. Prior to the release of your check(s) you will need to submit the following three items: your Spring 2007 final grades (if you were attending school), your Summer 2007 class schedule, and your scholarship distribution request form. The absolute deadline to utilize your scholarship is June 15, 2007. Failure to provide notification of your preferences by this deadline will result in scholarship forfeiture.

Please remember that there will be a 48-hour turn around time between when you submit the required items listed above and when your check will be ready to be picked up or mailed. However, no checks will be released prior to Tuesday, May 15, 2007.

On behalf of the Board of Directors, the office staff, and the Washington County donors who make our scholarship awards possible, we would like to wish you the best in the coming semester. We look forward to hearing of your success!

Warmest regards,

Carrie Montgomery
Program Director

Board of Directors

Gene Anderson
Jim Bilgischer
Nancy Bolin
Lisa Brown
Debra Broyles
Joe Campbell
Ruth Collier
Doris Cordes
Jim Crouch
David Erstine
Helen Heathman
Jan Judy
Ann Justiss
Carl Koffler
Cheri Mayfield
Marcia McCain
Angela Monts
Beth Poole
Barbara Putman
Vickie Rabeneck
Peter Redmond
Karen Seller
Chelsea Shaffer
Deniece Smiley
Chris Smith
Jacinda Smith

Executive Director

Jean Kebis
jean@spsfwc.org

Program Director

Carrie Montgomery
carrie@spsfwc.org

Development Assistant

Christine Zini
christine@spsfwc.org

November 29, 2006

Jane Doe
1234 Sesame Street
Fayetteville, AR 72701

Dear Jane,

Thank you for submitting an application for a Single Parent Scholarship. Unfortunately we are unable to approve your application at this time due to the following reason(s):

- Did not schedule/attend your interview.

We regret that we cannot provide assistance to you at this time based on the reason(s) indicated above. **However, it is the policy of SPSF/WC to reconsider applications if there are funds available after the current semester's scholarships are awarded. We will keep your application materials on file and contact you if we determine availability of funds.** Also, please apply for a future semester if you believe you will meet our eligibility criteria. Feel free to call the office for another application form at any time.

I sincerely wish you the best of luck in your academic and career pursuits.

Yours truly,

Carrie Montgomery
Program Director