
STATEMENT OF PURPOSE

To provide supplemental financial assistance (up to \$2000 per year) to those single parents who are pursuing a course of instruction that will improve their income-earning potential. Scholarships may be used for tuition, books, utility bills, car maintenance, childcare, etc. **Applicants must complete a new application for each semester a scholarship is sought.**

CRITERIA

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

1. Resident of White County, Arkansas
2. High school graduate or equivalent (may apply if enrolled in college and in process of obtaining GED diploma).
3. Single head of household (single, separated, divorced, widowed) with primary care of a child under the age of eighteen (18) living in your home.
4. Pursuing a vocationally oriented undergraduate course of study (full or part time) to ensure a better standard of living for his/her family. **Applicants cannot already have earned an undergraduate degree with the exception of those pursuing a Master of Arts in Teaching.**
5. Low-income as figured on a monthly basis.
6. Applicant must maintain a 2.0 GPA or academic test equivalency each semester.
7. **All documentation listed below must be received by the deadline in order for the application to be considered complete. Incomplete applications will NOT be reviewed.**

EACH APPLICANT MUST SUBMIT THE FOLLOWING:

- 1. Single Parent Scholarship Application **COMPLETELY** filled out in ink or typed.
- 2. Verification of college/school enrollment or acceptance (letter from educational institution acknowledging current enrollment and active participation). **THIS DOCUMENT MUST BE OBTAINED AND SIGNED BY THE REGISTRAR.**
- 3. Transcript (or copy) of high school or college work (whichever is more recent)
- 4. Proof of applying for a PELL Grant.

NOTE: **#5 & 6 are for first time applicants only!**

- 5. Two (2) letters of recommendation from people who are familiar with your character and goals. **Please do not use relatives as references.** Letters must be signed in ink by the person writing the letter and must include their address and telephone number so they may be contacted.
- 6. ****A statement of your goals written on a separate sheet of paper with no less than 90 words.**

SCHOLARSHIP APPLICATION

APPLICATION DEADLINES: Spring --- January 7
 Fall --- August 15

A. PERSONAL INFORMATION

1. Full name: _____

2. Mailing address: _____
 Street City Zip

3. Residential address: _____
 Street City Zip

4. Email addresses: _____
 Personal School

5. Phone: _____
 Work Home Message

6. Contact information after graduation (for statistical purposes only):
 Street City Zip

7. Current age: _____

8. Are you a resident of White County? Yes ___ No ___

9. Marital status: Single ___ Married ___ Divorced ___ Separated ___ Widowed ___

10. Household composition:

Name	Relationship	Age	Dependent (Y / N)

11. Have you ever applied for a White County Single Parent Scholarship? Yes ___ No ___
 If yes, when? _____ Were you awarded a Single Parent Scholarship? Yes ___ No ___

12. Will you be working while you go to school? Yes ___ No ___

13. Check one of the following (required for State reporting – has no effect on your eligibility for this scholarship):
 ___ Asian ___ Black American ___ Caucasian
 ___ Hispanic ___ Native American ___ Do not wish to answer

B. PERSONAL INFORMATION

1. What college or school are you enrolled in for this scholarship period? _____
2. What course of study (Major) do you plan to pursue? _____
3. When do you expect to graduate? _____
4. Will you be a full or part-time student for this scholarship period? Full-time____ Part-time____
5. How many credit hours are you taking or plan to take this semester? _____
6. List schools attended and training received. Give names & dates. (ex. Springdale High, Diploma, 1964)
 High school: _____
 Trade/vocational school: _____
 College: _____
 Military/other: _____

C. FINANCIAL INFORMATION

1. What are your monthly expenses?

Housing	\$	_____
Utilities	\$	_____
Food	\$	_____
Transportation	\$	_____
Insurance	\$	_____
Loans	\$	_____
Clothing & Household Goods	\$	_____
Medical & Dental (appointments, prescriptions)	\$	_____
Childcare	\$	_____
Other (please list)	\$	_____
	\$	_____
	\$	_____
	\$	_____
TOTAL MONTHLY EXPENSE	\$	_____

2. Please list source of income in \$ figures, if you derived income from that source in **the last 12 months**.
Include all sources such as food stamps, HUD, other scholarships, etc.

	PER MONTH	PER YEAR
Employment	\$	\$
Work study	\$	\$
Military reserves	\$	\$
Unemployment	\$	\$
Social Security	\$	\$
Rehabilitation	\$	\$
HUD	\$	\$
TEA Assistance	\$	\$
Child Support	\$	\$
Food Stamps	\$	\$
Loan Payments Received	\$	\$
Veterans Administration	\$	\$
Scholarships	\$	\$
Pell Grant	\$	\$
Career Pathways	\$	\$
Other grants or sources of income (PLEASE LIST)	\$	\$
	\$	\$
	\$	\$
TOTAL INCOME	\$	\$

3. ****Please note any significant changes in income or expenses expected in the next 12 months:**

By my signature I certify that the statements on this application are true and correct to the best of my knowledge. I understand that the WCSPSF, Inc. Scholarship Candidate Review Committee may seek verification of this information through collateral contacts and that it is my responsibility to provide verification when asked to do so by the WCSPSF, Inc. Scholarship Candidate Review Committee. I hereby give permission for all information related to my financial aid to be released upon request to the White County Single Parent Scholarship Fund, Inc. Board and Candidate Review Committee or its representatives.

I understand the questions on this application and realize that hiding information, giving false information, or failing to provide adequate verification when asked may result in my application being denied and that such actions may impact consideration for future applications.

Signature _____

Date _____

FOR BOARD USE ONLY

Application Checklist:

- 2 Letters of Recommendations
- High School Diploma/GED/college transcript
- Proof of Enrollment
- Proof of Pell Approval or Denial
- Statement of Goals

Information Verified

How verified

Verified by

- | | | |
|--|-------|-------|
| <input type="checkbox"/> Social Security | _____ | _____ |
| <input type="checkbox"/> Rehabilitation | _____ | _____ |
| <input type="checkbox"/> HUD | _____ | _____ |
| <input type="checkbox"/> TEA Assistance | _____ | _____ |
| <input type="checkbox"/> Child Support | _____ | _____ |
| <input type="checkbox"/> Scholarships | _____ | _____ |
| <input type="checkbox"/> Pell Grant | _____ | _____ |
| <input type="checkbox"/> Other Scholarships/Grants | _____ | _____ |

App Date _____

Appri Date _____

Denied Date _____

Rec'd By _____

Award Amt _____

Reason: _____

Check # _____

Check Dt _____

Signature of Board Member _____

Date _____

Signature of Board Member _____

Date _____

**AUTHORIZATION TO RELEASE OR OBTAIN CONFIDENTIAL INFORMATION
FOR THE WHITE COUNTY SINGLE PARENT SCHOLARSHIP FUND, INC.**

I _____ authorize White County Single Parent Scholarship Fund, Inc. to
(Student Name)

release the following information to the individual(s) and/or organization or publications listed below.

Information to be released: Picture, general information regarding personal history, application for and receipt of scholarship from the White County Single Parent Scholarship Fund, Inc., and any other information voluntarily given by _____ to the media including newspapers,
(Student Name)

newsletters, TV ads, and other media venues.

To be used for promotion of the White County Single Parent Scholarship Fund, Inc. and its projects.

Individual(s) and/or Organization(s): (May be but not limited to the following)

White County Single Parent Scholarship Fund, Inc. and/or its representatives

Arkansas Single Parent Scholarship Fund, Ruthanne Hill, Executive Director, 614 E Emma, Springdale, AR 72764 Newspapers, radio and television stations, etc.

This release of confidential information is valid until canceled by the undersigned in writing. I understand the information will be used only as stated above.

Choosing not to sign this form will not affect your chances of being awarded a scholarship.

Sign

Date

MEMORANDUM OF UNDERSTANDING

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

I understand the following:

1. WCSPSF, Inc. has certain requirements that must be met before I may be awarded a scholarship.
2. The status of program funds and/or eligibility requirements may be changed without notice. New changes can be found at www.aspsf.org.
3. I must meet all eligibility requirements during the semester for which a scholarship is awarded or I will forfeit the scholarship application and possibly future scholarships.
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 White County, I lose all rights to remaining awarded funds. I shall be responsible for notifying Cheryl Cherry of any changes by phone at 501-207-6252, or by e-mail at ccherry@searcy.asub.edu. If I do not receive a reply from Cheryl, I will continue to attempt to contact her until I do.
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 WCSPSF of any changes in my schedule. Not notifying WCSPSF, Inc. may cause me not to be awarded future scholarships.
7. I understand that if I miss an interview appointment I may become ineligible to receive a scholarship. WCSPSF, Inc. will only make three attempts within two days to contact applicants to schedule an interview. If no response is received within 48 hours, WCSPSF, Inc. will assume my application has been withdrawn.

Interviews are planned to be scheduled during the following times:

Spring Semester	2nd Week in February
Fall Semester	3rd Full Week in September

8. Purposely falsifying any information required by WCSPSF, Inc. or making misleading or false statements concerning WCSPSF, Inc. or any agencies dealing with WCSPSF, Inc. will result in immediate dismissal from the program.
9. I understand the Interview Committee's 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 WCSPSF, Inc., its officers, directors, Board Members, employees or volunteers. I understand that by affixing my signature to this document that WCSPSF, its officers, directors, Board Members, 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.

Sign

Date

I understand that the WCSPSF, 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 WCSPSF, Inc. I also agree to participate in the follow up research conducted by WCSPSF, Inc. after I am no longer receiving scholarship awards and hereby give permission to WCSPSF, Inc. to obtain enrollment and graduation information from my school as is needed for their subsequent reports.

Sign

Date