



**SINGLE PARENT SCHOLARSHIP
FUND OF WHITE COUNTY, INC.
PO BOX 8325, Searcy, AR 72145**

STATEMENT OF PURPOSE

To provide supplemental financial assistance (up to \$2125 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 (not out of high school) or a disabled child receiving federal disability benefits and 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.
5. Applicant has low to moderate income, typically not more than 250% of federal poverty.
6. Applicant has and maintains a cumulative GPA of at least 2.0.
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

SPRING APPLICATION DEADLINE – JANUARY 7

SUMMER APPLICATION DEADLINE – JUNE 1

FALL APPLICATION DEADLINE – AUGUST 15

PO BOX 8325, Searcy, AR 72145

This application is for the semester of:	
Fall	Spring
Summer	_____ Year

A. PERSONAL INFORMATION

Full Name: _____ **SSN#** _____

Mailing Address:

Street/PO Box _____ City _____ Zip _____

Residential Address:

Street _____ City _____ Zip _____

Personal Email: _____

Student E-Mail: _____

Cell Phone #: _____ **Message Phone #** _____

Contact information after graduation (for statistical purposes only):

Name: _____ **Phone #** _____

Address: _____

Street _____ City _____ Zip _____

Are you a resident of White County? _____ Yes _____ No

Marital Status:

_____ Single _____ Separated _____ Widowed

_____ Married _____ Divorced

Household Composition:

NAME	RELATIONSHIP	AGE	DEPENDENT (yes/no)
	SELF		

Have you previously applied for a White County Single Parent Scholarship? Yes No
 If yes, when? _____ Were you awarded a Single Parent Scholarship? Yes No
 Will you be working while you go to school? Yes No

Check one of the following: (required for State reporting)

- Asian Hispanic
 Black American Native American
 Caucasian Do not wish to answer

B. EDUCATIONAL INFORMATION

What college or school are you enrolled in for this scholarship period? _____

What course of study (Major) do you plan to pursue? _____

When do you expect to graduate? _____

Will you be a full or part-time student? _____

How many credit hours are you taking or plan to take this semester? _____

List schools attended and training received. Give names & dates. (ex: Springdale High, Diploma, 1964)

School	Name	Award/Degree	Year
High School			
Trade/Vocational			
College			
Military/Other			

C. FINANCIAL INFORMATION

What are your monthly expenses?

Housing	\$
Utilities	\$
Food	\$
Transportation Costs	\$
Insurance Coverage	\$
Loan Payments	\$
Clothing, household goods	\$
Medical Costs (check-ups, dentist etc)	\$
Child Care	\$
Other Expenses (please list)	
	\$
	\$
Total Average Monthly Expenses	\$

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

Employment	\$ Per Month	\$ Per Year
Work Study		
Reserves		
Unemployment		
Social Security		
Rehabilitation		
HUD		
TEA Assistance		
Food Stamps		
Loans		
Veterans Administration		
Scholarships		
Pell Grant		
Career Pathways		
Total		

Other Grants or sources of income (please list)

Source	\$ Per Month	\$ Per Year
Total		

TOTAL HOUSEHOLD INCOME FOR **PAST 12 MONTHS** \$ _____

** 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 future applications.

Signature

Date

**Mail application to:
White County Single Parent
Scholarship Fund, Inc.
PO Box 8325
Searcy, AR 72145**

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:

_____ Social Security	_____	_____
_____ Rehabilitation	_____	_____
_____ HUD	_____	_____
_____ TEA Assistance	_____	_____
_____ Child Support	_____	_____
_____ Scholarship	_____	_____
_____ Pell Grant	_____	_____
_____ Other Scholarships/Grants	_____	_____

Application Date _____

Approval Date _____

Denial Date _____

Received By:

Award Amount:
\$ _____
Check # _____
Check Date _____

Reason:

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 Parent Scholarship Fund, Inc. to 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
(Student Name)
newspapers, newsletters, TV advertisements, 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 cancelled 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.

Signed: _____

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, Inc. 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.
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 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, Inc, 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.

Signature of Applicant

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.

Signature of Applicant

Date