

**SINGLE PARENT
SCHOLARSHIP FUND OF SEVIER COUNTY**

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 that 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 BASIC SCHOLARSHIP—500.00

Your award will be more or less than 500.00 based on the hours of study you are enrolled in at your school. Please attach a copy of your registration and hours signed up for to your application (REQUIRED)

Single parent scholarships are distributed twice a year (spring and Fall) 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.

CRITERIA

Single parents selected for financial assistance will meet the following criteria. They must be:

1. A resident of Sevier County, Arkansas
2. A high school or GED Graduate.
3. A Single head of household (single, legally separated, divorced, and widowed) with sole custody of one or more children under the age of 18.
4. Pursuing a career-oriented course of study to insure a better standard of living for his/her family
5. A low income person at or near the poverty level
6. A recipient of, or in the process of obtaining a Pell Grant

**Application deadline for spring is April 15th.
Application deadline for Fall is September 15th.
Mail application and requested information to:**

**Sevier County Single Parent Scholarship fund
P.O. Box 684
De Queen, Ar. 71832**

3. What college or school do you now attend or plan to attend? _____
4. What course of study (major) do you plan to pursue? _____
5. When do you expect to graduate? _____
6. Will you be full-time or part-time student? FULL _____ PART _____
7. How many credits hours do you now take or plan to take? _____

C. FINANCIAL INFORMATION

1. What are your average monthly expenses? (Please list dollar amount)

Housing	\$ _____
Utilities (electric, gas, phone, water)	\$ _____
Food	\$ _____
Transportation	\$ _____
Insurance coverage	\$ _____
Loan payments	\$ _____
Monthly payments	\$ _____
Clothing, household goods	\$ _____
Medical Costs (check-ups, dentist, etc.)	\$ _____
Childcare	\$ _____
Other expenses (please list)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL AVERAGE MONTHLY EXPENSES \$ _____

2. Are you covered by any health or medical insurance? YES _____ NO _____

3. Will you be working for income while you go to school? YES _____ NO _____
If YES, how many hours each week will you work? _____

4. PLEASE LIST SOURCES OF INCOME SUCH AS FOOD STAMPS, RENTAL ASSISTANCE, CHILD SUPPORT, EMPLOYMENT, ETC. (PER MONTH)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

5. Have you applied for a Pell Grant? YES _____ NO _____

If NO, you may apply online at www.fafsa.ed.gov

Have you been granted a Pell Grant? YES _____ NO _____

If YES, list the amount. (per semester) \$ _____

D. ADDITIONAL REQUIREMENTS

1. Please have two people (not related to you) send letters of reference to the scholarship committee. They should be familiar with your life experiences and character.
2. Please attach 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 that might be helpful to the Selection Committee.
3. Please attach a copy of your high school transcript, GED with test scores and college transcripts if applicable.
4. Please include a copy of your Federal Student Aid Report (SAR). The SAR may be printed from the fafsa website, www.fafsa.ed.gov.

VERIFICATION

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 Sevier County.

Signature of Applicant

Date

I also give Single Parent Scholarship Committee of Sevier County permission to release my name to the news media.

Signature of Applicant

Date