

The purpose of the Single Parent Scholarship Fund is to develop resources at the local level to enable low-income single parents to gain marketable skills and achieve self-sufficiency through education.

A. Requirements. To continue to receive the Single Parent Scholarship re-applicants must meet the following requirements:

1. Have custody of and be responsible for daily care of dependent children (under 18 years old);
2. Be a resident of Polk County, AR.
3. Must have earned at least a 2.5 GPA for the previous semester
4. Be a recipient of or applying for a Pell Grant (and other federal financial aid)

Priority will be given to full-time students who are enrolled in or have been accepted by a public or private non-profit post secondary school in a program providing marketable skills to achieve self-sufficiency and a better standard of living; and to students who are heads of households.

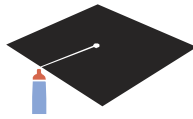
Instructions Each applicant must provide and/or authorize SPSF to review the following on or by the application deadline:

1. Completed Application Form (printed or typed);
2. Proof of completed admissions file, including all appropriate transcripts, or proof of enrollment (class schedule receipt);
3. College transcript documenting 2.5 GPA achieved in prior term;
5. If career goals have changed since your initial application, a written explanation of the change
6. Proof of income and resources (ex: FAFSA [Free Application for Student Aid]; tax returns, letter from employer, print-out from the local DHS office verifying federal assistance; last three consecutive pay stubs, etc.).

B. Deadlines

| Term | Estimated Deadline |
|-------------|---------------------------|
| Fall | July 1 |
| Spring | December 1 |
| Summer | April 1 |

**Submit Scholarship Application to:
Polk County Single Parent Scholarship Fund
P.O. Box 1585
Mena, AR 71953**



SINGLE PARENT SCHOLARSHIP FUND
of Polk County

Scholarship Re-Application

Date _____ SSN _____ Age _____

Applicant Name _____ No. of Dependent Children _____

Address/City/State/Zip: _____

Home Phone: _____ Work Phone _____ Cell _____

College Attending _____ Program of Study/Major _____

eMail: _____

Term for which you are applying: (indicate year beside the term):

_____ Fall _____ Spring _____ Summer

Number of Credit Hours _____

All income sources:

List Financial Aid that you will receive during this term:

I authorize the Single Parent Scholarship Fund of Polk County to review and verify my enrollment status, academic progress, sources of income and financial aid eligibility at the college/university I plan to attend and from all transfer institutions.

_____ Signature of Applicant

I authorize the Single Parent Scholarship Fund of Polk County to use my name in publicity promoting the Single Parent Scholarship Fund. (Signing or not signing this authorization will have no effect on whether or not you will receive a Single Parent Scholarship.)

_____ Signature of Applicant

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