

**Single Parent Scholarship Fund of Scott County
Scholarship Re-Application**

Date _____ SSN _____

Applicant Name _____ Telephone: (H) _____

County of Residence _____ (W) _____

College attending _____ Program of Study/Major _____

Term & YEAR for which you are applying for the Single Parent Scholarship (indicate year beside the term):

Fall _____ Spring _____ Summer _____

Number of Credit Hours for which you plan to enroll: _____

Sources of all income:

List Financial Aid that you will receive during this term:

Please attach a statement that includes your career goals and how the Single Parent Scholarship can help you achieve those goals and sign the authorization below.

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

Signature of Applicant

Submit Scholarship Application to:
Scott County Single Parent Scholarship Fund
P.O. Box 114
Waldron, AR 72958

Office Use Only

GPA (attach transcript): _____ Enrollment Status _____

Financial Aid Standing/Sources: _____ POS/Major _____

_____ Recommended to the SPSF Board of Polk County for further consideration.

_____ NOT recommended/reason _____

SPSF of Scott County Representative/DATE

_____ Awarded/Institution-Amount _____