A. Eligibility Requirements
Applicants selected to receive the Single Parent Scholarship will meet the following requirements:
1. Have custody of and be responsible for daily care of dependent child/children under the age of 18;
2. Be a single (divorced, widowed or single/never married) head of household residing in Union County, AR;
3. Be a high school graduate.
4. 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 institution in a program providing marketable skills to achieve self-sufficiency and a better standard while residing in Union County.
5. Be a recipient of or applying for a Pell Grant (and other potential sources of financial aid)*; and
6. For continued eligibility for the Scholarship, recipients must maintain a 2.5 GPA each semester. Priority will be given to past SPSF recipients who maintain eligibility.

B. Instructions
Board Members interview scholarship candidates each term. Applicants must provide and/or authorize SPSF to review the following information on/by the application deadline:
1. Completed application form (printed or typed); with a statement of the applicant’s goals, chosen program of study, and why the scholarship is needed, as well as any other appropriate information that may be helpful to the Board in selecting recipients (1-2 pages, maximum);
2. Proof of completed admissions file, including all appropriate transcripts, or proof of enrollment (class schedule receipt)*;
3. College transcript or grades documenting 2.5 GPA achieved in prior term*;
4. (For initial application only), three letters of recommendation (from work, college, or personal sources);
5. Proof of income and resources (ex.: tax returns, letter from employer, print-out from the local DHS office verifying federal assistance; last three consecutive pay stubs, etc.)*
*The signature on the application authorizes SPSF Board Members to access past and current academic and financial aid records.

C. Priority Deadlines

<table>
<thead>
<tr>
<th>Term</th>
<th>Deadline</th>
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<tbody>
<tr>
<td>Fall</td>
<td>September 1</td>
</tr>
<tr>
<td>Spring</td>
<td>February 1</td>
</tr>
<tr>
<td>Summer (if funds are available)</td>
<td>June 1</td>
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Submit Scholarship Applications to:
SPSF of Union County
c/o South Arkansas Community College, Financial Aid Office
300 S. West Avenue, El Dorado, AR 71730

Revised 07/08/2015

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Single Parent Scholarship Fund of Union County
Application

Date___________________________  ID/SSN________________________________

Applicant Name:________________________________________________________________

Home Phone:_________________________ Cell Phone: _____________________________

No. of Dependent Children ______________ email:__________________________________

Name(s) & Age(s) of Children ______________________ __________________________
Under age 18

Total No. living in your household:______________ Date of Birth: _____________________

Address/City/State/Zip: ___________________________________________________________

College attending:______________                   Program of Study/Major_____________

Term & Year for which you are applying for the Single Parent Scholarship: Fall 15___
Spring 16___
Summer 16___

Number of Credit/Semester Hours for which you plan to enroll: _______________

List ALL sources of income:

__________________________________  ________________________________
__________________________________  ________________________________

List ALL anticipated sources of 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. In addition, include three letters of recommendation from work, college, or personal sources and sign the authorization below.

I certify that all information in this application is true. I authorize the Single Parent Scholarship Fund Board of Union 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 this application to: SPSF of Union County c/o South Arkansas Community College Financial Aid Office 300 S. West Avenue, El Dorado, AR 71730

GPA (attach transcript):_________________________ Enrollment Status:____________________
Financial Aid Standing/Sources:_________________________ POS/Major:____________________

_____ Recommended to the SPSF Board of Union County for further consideration.
_____ NOT recommended / reason ________________________________