

# SINGLE PARENT SCHOLARSHIP FUND OF BAXTER COUNTY

---

Please check one:

Fall \_\_\_\_\_ Deadline Aug. 1  
Spring \_\_\_\_\_ Deadline Dec. 31  
Summer \_\_\_\_\_ Deadline May 15

## **Application For Scholarship**

\_\_\_\_\_ **Date of Application**

**Applicant must be:**

- ***A resident of Baxter County***
- ***A high school graduate (or equivalent)***
- ***A single head of household, legally separated, divorced or widowed***

1. Name \_\_\_\_\_ Social Security # \_\_\_\_\_

2. Mailing Address \_\_\_\_\_  
Street City State Zip

3. Residential Address \_\_\_\_\_

4. Home Phone Number \_\_\_\_\_ Work Number \_\_\_\_\_

5. Message Number (where you can receive a message within 24 hours)  
\_\_\_\_\_

6. Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Month/Day/Year)

7. How long have you been a Baxter County residence? \_\_\_\_\_

8. Circle appropriate category:  
Single Married Divorced Legally Separated Widowed

9. Including yourself, how many individuals are dependent on you for financial help or support? \_\_\_\_\_

10. Please list the ages of your children \_\_\_\_\_

11. Is anyone sharing your household expenses with you? Yes \_\_\_ No \_\_\_

12. Do you have relatives living in the area? Yes \_\_\_ No \_\_\_

If yes, what assistance do they provide you? (Check all that apply)

\_\_\_\_\_ Housing \_\_\_\_\_ Transportation \_\_\_\_\_ Childcare  
\_\_\_\_\_ Financial Help \_\_\_\_\_ Other \_\_\_\_\_ None

Page 1 of 5

**You must reapply each semester for this scholarship.**  
**BE SURE ALL SUPPORTING DOCUMENTATION IS PROVIDED!**

## SINGLE PARENT SCHOLARSHIP FUND OF BAXTER COUNTY

---

### FINANCIAL INFORMATION

13. Are you covered by any health or medical insurance? Yes \_\_\_ No \_\_\_
14. Will you be working for income while you go to school? Yes \_\_\_ No \_\_\_  
If yes, how many hours each week will you work? \_\_\_\_\_
15. Please list sources of income in \$ column in Column A if you received income from that source in the LAST 12 months. In Column B, list the \$ amount of income that you expect to receive in the NEXT 12 months. PLEASE INCLUDE ALL SOURCES SUCH AS FOOD STAMPS, HUD, OTHER SCHOLARSHIPS, ETC.

Column A

Amount of yearly income  
Received last year  
(past 12 months)

Column B

Amount of yearly income  
expected within the next  
year (next 12 months)

	\$ Per Month	\$ Per Year	\$ Per Month	\$ Per Year
Friends				
Family				
Employment				
Work Study				
Reserve Army Forces				
Unemployment Benefits				
Social Security				
Rehabilitation				
HUD Rental Assistance				
TEA				
Child Support				
Food Stamps				
Loans				
VA				
State Scholarships				
Pell Grant				
Other Grants (please list)				

Other Income (please list)

---



---



---

## SINGLE PARENT SCHOLARSHIP FUND OF BAXTER COUNTY

---

Total household income for the past 12 months \_\_\_\_\_

Total household income for the next 12 months \_\_\_\_\_

Do you receive HUD assistance? Yes \_\_\_\_\_ No \_\_\_\_\_ How much? \_\_\_\_\_

Do you receive Food Stamps? Yes \_\_\_\_\_ No \_\_\_\_\_ How much? \_\_\_\_\_

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

Housing	\$ _____
Utilities (electric, gas, phone, water)	\$ _____
Food	\$ _____
Transportation (gas, tires, maintenance)	\$ _____
Insurance coverage	\$ _____
Loan payments	\$ _____
Monthly payments	\$ _____
Medical expenses (check-ups, dentist, etc.)	\$ _____
Child care	\$ _____
Other expenses (please list)	\$ _____

---

---

---

**TOTAL AVERAGE MONTHLY EXPENSES** \$ \_\_\_\_\_

17. Have you applied for a Pell Grant? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you been awarded a Pell Grant? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you know the amount of the grant? Yes \_\_\_\_\_ No \_\_\_\_\_  
Give amount (per semester) \$ \_\_\_\_\_

18. Have you applied to the Arkansas Career Pathways program?  
Yes \_\_\_\_\_ No \_\_\_\_\_

19. Have you previously applied for a Single Parent Scholarship?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
Were you awarded a Single Parent Scholarship? Yes \_\_\_\_\_ No \_\_\_\_\_

**SINGLE PARENT SCHOLARSHIP FUND OF BAXTER COUNTY**

---

**20. For what types of costs do you anticipate using the Single Parent Scholarship money?**

\_\_\_\_\_

\_\_\_\_\_

**21. Please list your employers for the past five years beginning with your present or most recent employer:**

<u>Name of Employer</u>	<u>Address</u>	<u>Job Title</u>	<u>From - To</u>
-------------------------	----------------	------------------	------------------

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**22. If you have not been employed outside of the home, list your major home and community activities for the past five years.**

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** Please include anything else about your financial situation or employment history that would be helpful in evaluation you application in question # 29.

**EDUCATIONAL INFORMATION**

**23. List schools attended or training received. Give names and dates. (Example: Mountain Home High School, Diploma, 1995; or GED Mountain Home, 1996)**

**High School or GED** \_\_\_\_\_

**Grade School** \_\_\_\_\_

**Trade or Vocational School** \_\_\_\_\_

**College** \_\_\_\_\_

**Military** \_\_\_\_\_

**24. What institution will you attend?** \_\_\_\_\_

**25. What course of study do you plan to pursue?** \_\_\_\_\_

SINGLE PARENT SCHOLARSHIP FUND OF BAXTER COUNTY

---

26. When do you plan to graduate? \_\_\_\_\_
27. If you are a college student, how many hours do you plan to carry? \_\_\_\_
28. Will you be a full-time or part-time student? \_\_\_\_\_

**IMPORTANT!**

29. Please have three people, who are familiar with your life experiences and character, write letters of reference. Forward letters to the Scholarship Committee by the application deadline to the address below. (This is required for new applicants only.)
30. 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 in its evaluation. (This is required of ALL applicants.)
31. Please attach an updated copy of your high school or college transcript (or GED certificate and test scores) to this application. (This is required of ALL applicants.)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Return all information by deadline listed at the top of the application to:

Scholarship Committee  
Single Parent Scholarship Fund of Baxter County  
1322 Bradley Drive, Suite 7  
Mountain Home, AR 72653

Page 5 of 5

You must reapply each semester for this scholarship.  
**BE SURE ALL SUPPORTING DOCUMENTATION IS PROVIDED!**