



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

**A. Requirements.** Applicants selected to receive the Single Parent Scholarship will meet the following requirements:

1. Have custody of and be responsible for the care of dependent children (under 18 years old). Preference will be given to applicants responsible for the daily care of dependent children.
2. Be a resident of Polk County, AR.
3. Be a high school graduate or in the process of achieving a GED diploma.
4. Be a recipient of or applying for a Pell Grant (and other federal financial aid); and
5. Recipients must maintain a 2.5 GPA per semester to be eligible for continued scholarship consideration.

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 applicants who are heads of households.

**B. Instructions.** Each applicant must provide and/or authorize SPSF to review the following:

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. (For renewal applications), college transcript documenting 2.5 GPA achieved in prior term;
4. Three references (From work, college, or personal sources. Please do not include relatives.) including name, address and phone number;
5. 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 identifying recipients (1-2 pages, maximum); and
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.).

**C. Preference Is Given to Applications Received Prior to the Listed Dates**

<b>Term</b>	<b>Preference Date</b>
Fall	August 15
Spring	December 1
Summer	April 1

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

# Rotary



## Single Parent Scholarship Fund Rotary Club of Polk County/Mena

### Scholarship Application

Date \_\_\_\_\_ SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicant Name \_\_\_\_\_ No. of Dependent Children \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

e-Mail: \_\_\_\_\_

College Attending \_\_\_\_\_ Program of Study/Major \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please attach a statement that includes your career goals and how the Single Parent Scholarship can help you achieve these goals as well as a list of references and other documentation noted in the instructions.

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

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