



CADC SINGLE PARENT SCHOLARSHIP APPLICATION

SPSF Coordinator
PO Box 580
Benton, AR 72015
501-778-1133

Yearly Application Deadlines

Fall	July 1
Spring	November 1

Statement of Purpose

The purpose of the Single Parent Scholarship is to provide supplemental financial assistance and family support to those single parents who are pursuing a course of instruction that will improve their income-earning potential. Scholarships may be used for tuition, books, utility bills, car maintenance, childcare, or other financial needs that contributes to the recipient's success in school.

Employer Disclaimer

Full time employees of Central Arkansas Development Council with one or more years of employment are not eligible to apply for the Single Parent Scholarship.

Amount of Scholarship

Single Parent Scholarships are distributed two times a year - Spring and Fall Sessions

Full time students	(7 credit hours or more)	\$500.00
Part time students	(6 credit hours or less)	\$250.00

Criteria

Single parents selected for assistance will meet the following criteria. They must be:

- 1) A resident of Saline, Hot Spring, Clark, Columbia, Dallas or Pike County, Arkansas.
- 2) A high school or GED graduate.
- 3) A single head of household (single, divorced, or widowed) with sole custody of one or more children under the age of 18.
- 4) Pursuing a career-oriented course of study to ensure a better standard of living for his/her family. Applicants cannot already have earned an undergraduate degree with the exception of those pursuing a Masters of Arts in teaching.
- 5) A low income person at or below 125% poverty.
- 6) A recipient of, or in the process of obtaining a Pell Grant.
- 7) Have a cumulative GPA of no less than 2.5
- 8) Entrance into CADC Mentoring and Family Support services is expected within 30 days of receiving a scholarship. Funds can be released as soon as entrance is complete with local CADC Family Development Specialist.

Additional Requirements:

- 1) Please have three people (not related to you) send letters of reference to the Selection Committee. They should be familiar with your life experiences and with your character.
- 2) 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.
- 3) Please attach a copy of your high school diploma or college transcript (or GED certificate and test scores) to this application. Also, please provide **proof of enrollment**.
- 4) Proof of all household income for the month prior to the month of application (ex June for July application). This would include all check stubs, child support, unemployment compensation, housing utility assistance, SSI, SSA, TEA, VA and retirement. A copy of income verification will be required.
- 5) Copy of divorce decree if applicable



CADC Single Parent Scholarship Fund Application

Customer Case Number: _____

Application received by: _____

Have you ever received a single parent scholarship from CADDC?			
If yes When?			
Have you applied for a Pell Grant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes ", do you know the amount?

Name, Address and Contact Information

Customer Name: _____	SS#: (last 4 digits) _____	TODAYS Date: _____
Street Address: _____	City: _____	Zip Code: _____
Mailing Address: _____	County: _____	Home Phone: _____ Other Phone: _____

Household Information

Household Type:	<input type="checkbox"/> Single Parent F	<input type="checkbox"/> Single Parent M	<input type="checkbox"/> 2 Parents- Children	<input type="checkbox"/> Single Person	<input type="checkbox"/> Adults Only	<input type="checkbox"/> Other
Marital Status:	<input type="checkbox"/> Never Married	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	
Primary Language:	<input type="checkbox"/> Migrant Worker	<input type="checkbox"/> Farmer	<input type="checkbox"/> Seas. Farm Worker	<input type="checkbox"/> Homebound		
Number of People in the Household	<input type="checkbox"/>	Is any member of household a U.S. Citizen or Legal Alien?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Has anyone in the household been granted legalized resident status under Section A or 210A?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what year?	_____		
If yes, what year?	_____		How many persons in family?	_____		
Please Identify:	_____	_____	_____	_____	_____	_____

Housing Information

Building Type:	<input type="checkbox"/> House	<input type="checkbox"/> Apartment	<input type="checkbox"/> Duplex	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Shelter	<input type="checkbox"/> Homeless	
Housing Type	<input type="checkbox"/> Own	<input type="checkbox"/> Buying	<input type="checkbox"/> Rent	<input type="checkbox"/> Public Housing	<input type="checkbox"/> Subsidized	<input type="checkbox"/> Boarder	<input type="checkbox"/> Other
Monthly Mortgage Costs \$	_____	Monthly Rental Costs \$	_____	Monthly Electric Cost \$	_____		
Monthly Water/Sewer Costs \$	_____	Monthly Propane Cost \$	_____	Monthly Natural Gas Cost \$	_____		

Income Information

Number of Household Members Employed:	<input type="checkbox"/>	Please Identify:	_____
Household Income Monthly	\$	_____	

Income Sources (Please check all that apply)

<input type="checkbox"/> Salary/Wages	<input type="checkbox"/> TEA/TANF	<input type="checkbox"/> Social Security	<input type="checkbox"/> Housing
<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> SSI	<input type="checkbox"/> Retirement/Pension	<input type="checkbox"/> Veteran's Benefits
<input type="checkbox"/> Dividends/Interest	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Alimony	<input type="checkbox"/> Family/Friends
<input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> No Income	<input type="checkbox"/> Child Support	<input type="checkbox"/> Housing Utility Check
<input type="checkbox"/> Other Income - please identify _____			



CADC Single Parent Scholarship Fund Application

Public Benefit Sources *(Please check all that apply)*

<input type="checkbox"/> Food Stamps	\$		<input type="checkbox"/> Child Care Vouchers – Full Payment		<input type="checkbox"/> Child Care Vouchers – Sliding Scale
<input type="checkbox"/> Housing	\$		<input type="checkbox"/> Section 8	\$	<input type="checkbox"/> Career Pathways Program

Household Members

Name of Household Member <i>(include self on first line)</i>	Relationship	Social Security No.	Date of Birth	Age	Race	Sex M/F	Educ. Level	Degree?	Disabled?	Veteran?	Health Insurance?	Total Income
1.								Type	Yes/No	Yes/No	Yes/No*	
2.								Type	Yes/No	Yes/No	Yes/No*	
3.								Type	Yes/No	Yes/No	Yes/No*	
4.								Type	Yes/No	Yes/No	Yes/No*	
5.								Type	Yes/No	Yes/No	Yes/No*	

**AR Kids, Medicaid, and Medicare qualify as health insurance*

Other Information

Are you a CADC employee or a member of the CADC Board of Directors?	Employee	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Board Member	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a member of your family a CADC employee or a member of its Board of Directors?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Relationship: _____		

Comments:



CADC Single Parent Scholarship Fund Application

1.) List the schools attended or training received. Give names and dates. Identify degree or number of credits earned.

2.) Are you currently attending college or school? YES NO

3.) If yes how many credit hours have you completed toward your degree/diploma? _____

4.) What college or school do you now attend or plan to attend? _____

5.) What course of study (major) do you plan to pursue? _____

6.) When do you expect to graduate? _____

7.) Will you be a full time or part time student? _____

8.) How many credit hours do you now take or plan to take? _____

9.) Will you be working for income while you go to school? _____

10.) If yes, how many hours each week? _____

UNDERSTANDINGS:

I understand that disclosure of my Social Security number is voluntary and will be used only for identification purposes.
I certify that the above information is true and correct.
I understand this information will be kept strictly confidential unless its release is authorized by me in writing.
I understand that general statistical information compiled with other households will be used to create a report for funding sources.

_____ Customer Signature		_____ Date of Completion	
_____ CADC Staff Signature		_____ Office/Center/Program	_____ Date of Completion

Remarks:



Customer Name: _____

Address: _____

City and Zip Code: _____

Month: _____

Date of Budget: _____

Income & Resource	Frequency	Date Rec'd	Net Amount	Budget Expenditures		Past Due	Comments
					\$		
Salary / Wages			\$	Rent	\$	\$	
Social Security			\$	Electric/ Gas	\$	\$	
SSI			\$	Food/FS	\$	\$	
Food Stamps			\$	Personal Care	\$	\$	
Child Support			\$	Water	\$	\$	
Alimony			\$	Phone	\$	\$	
Work Study			\$	Laundry	\$	\$	
Pell Grant			\$	Car	\$	\$	
Scholarships			\$	Ins.	\$	\$	
Grants			\$	Gasoline	\$	\$	
TEA			\$	Cable	\$	\$	
Other			\$	Child Care	\$	\$	
			\$	Credit Cards	\$	\$	
			\$	Deduc.1	\$	\$	
			\$	Decuc.2	\$	\$	
			\$	Misc. 1	\$	\$	
			\$	Misc. 2	\$	\$	
			\$	Misc. 3	\$	\$	
			\$	Misc. 4	\$		
			\$		\$		
Total			\$		\$	\$	



FAMILY PARTNERSHIP AGREEMENT

I, _____, understand Central Arkansas Development Council (CADAC) offers a Family Development Program designed to assist clients and their families in their desire to make changes in their lifestyles, enabling them to become self-reliant.

The Family Development approach of CADAC will help me and my family to better ourselves by setting goals based upon my family’s desires, strengths and needs. Family Development will include a variety of activities that may include budget counseling, energy education, referral to other service providers and face-to-face contact, as necessary. A household intake and needs assessment will determine which activities will be most beneficial to me and my family.

Customer’s Name (Print)

County

Customers’ Social Security Number

Worker Name and Date

Customer’s Signature and Date

Household Number