

Single Parent Scholarship Application

Semester Applying For: Fall _____ Spring _____ Summer _____

A. Personal Information:

1. Full Name: _____ S.S.#: _____
2. Mailing Address: _____
(Street) (City) (State) (Zip)
3. Residential Address: _____
(If different from above) (Street) (City) (State) (Zip)
4. Home Ph#: _____ Work Ph.#: _____
Message Ph#: _____ Email: _____
5. Age: _____ Date of Birth: _____
6. Are you a resident of Sevier County: Yes _____ No _____
7. Marital Status: (please circle one)
Single Married Divorced Legally Separated Widowed
8. List the # of dependents and ages:

9. Have you previously applied for a Single Parent Scholarship?
Yes _____ No _____
Were you awarded a Single Parent Scholarship? Yes _____ No _____
Is yes, when? _____

B. Educational Information:

1. List schools attended or training received. Provide names and dates.
(Example: De Queen High School, Diploma, 2023; GED De Queen, 2024)

High School or GED: _____
Trade or Vocational School: _____
College: _____
Military/Other: _____

2. Are you currently attending college or school? Yes _____ No _____
3. What college or school do you now attend or plan to attend? _____
4. What course of study (major) do you plan to pursue? _____
5. When do you expect to graduate? _____
6. Will you be a full-time or part-time student? _____
7. How many credit hours do you now take or plan to take? _____

C. Additional Requirements:

1. 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.
2. Please attach a copy of your high school transcript, GED with test scores and college transcripts if applicable.
3. Please include a copy of your Federal Student Aid Report (SAR). The SAR may be printed from the fafsa website, www.fafsa.ed.gov.

Verification

I hereby give permission for all financial and academic information related to my application for a Single Parent Scholarship to be released, upon request, to the Single Parent Scholarship Fund or Sevier County.

Signature of Applicant

Date

I also give the Single Parent Scholarship Committee of Sevier County permission to release my name and picture to the news media as well as display it on their website.

Signature of Applicant

Date