Single Parent Scholarship Fund of NORTHWEST ARKANSAS
CARROLL, MADISON, WASHINGTON COUNTIES

Allied Health Scholarship Application

Mission

We are a community supported effort creating better, brighter futures for single parent families by offering encouragement and access to higher education.

Allied Health Scholarships

The Allied Health Scholarships are for students pursuing certification as a Dental Assistant, Medical Assistant or Medical Billing and Coding/Insurance Specialist from Petra Allied Health.

This scholarship is $2,000.00 and is a one-time scholarship. It can be applied for at any time during the year. There are no deadlines to apply for this scholarship.

Qualifications

To qualify for a Northwest Arkansas Single Parent Scholarship, you must be:

- A **single parent** (see definition below)
- A legal United States resident OR a resident with DACA Status, and a resident of Carroll, Madison, or Washington County, Arkansas.
- A high school or GED graduate.
- Pursuing a career-oriented course of study (full or part-time) to ensure a better standard of living for your family.
- Living at or near the poverty level (up to 250% of Federal Poverty Guidelines)

Applicants who have previously earned an associate's degree or a bachelor's degree **do not qualify for this scholarship.*

Applicants who hold a Dental or Medical Assistant certification will **only be considered eligible if they are pursuing a certification at the next level.*

**Please note that for purposes of the Single Parent Scholarship a Single Parent family is defined as: a family with children under age 18 and/or a severely disabled adult child over 18, headed by a parent who is widowed or divorced and not remarried, or by a parent who has never married and is caring for the children without assistance of another parent in the home.*

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United Way

ALLIED HEALTH SCHOLARSHIP APPLICATION

PLEASE PRINT IN BLUE OR BLACK INK OR TYPE ALL INFORMATION.

Month: _____ Year: _____

For Office Use Only

Date Received: _____

By:

Interview Ltr Sent:

PERSONAL INFORMATION

Full Name _____ SS# _____

Mailing Address: _____
Number and Street Apartment # City Zip Code

Residential Address:: _____
(If different from above) Number and Street Apartment # City Zip Code

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Message Phone # _____ E-mail Address: _____

Are you Male _____ Female ____ ? Current Age: _____ Date of Birth: _____

Do you live in Carroll County ___ Madison County ___ or Washington County ___

Marital Status (Please Circle One): SINGLE MARRIED DIVORCED LEGALLY SEPARATED WIDOWED

RACE (optional): African American Asian Hispanic Native American White Other: _____
[Note: Identifying your race may help us to suggest other sources of financial aid.)

Do you have relatives living in the area? Yes No

Name of Nearest Relative Who Will Always Know Where/How to Reach You: _____

Relationship to You: _____ Phone: _____

Address: _____
Number and Street Apartment # City State Zip Code

Including yourself, how many individuals are dependent on you for financial help or support? _____

Name of Child(ren)	Living with you? Yes/No	Male/Female?	Current Age	Date of Birth	Does he or she have medical insurance? Y/N

EDUCATIONAL INFORMATION

List schools attended or training received. Give names and dates. Identify degree or number of credits earned. (Example: Springdale High School, Diploma 1964; GED Fayetteville, 1980; U of A 1999-2000, 21 credits).

High School or GED: _____

Trade or Vocational School: _____

College: _____

Military/Other: _____

Are you currently attending college or school? Yes _____ No _____

If YES: When did you first enroll? _____
How many credit hours have you completed toward your degree/diploma? _____
How many credit hours are you taking this semester? _____
What is your current cumulative grade point average? _____

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

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

When do you expect to graduate? _____

Will you be a full-time or part-time student during the semester covered by this scholarship? Full ___ Part ___

How many credit hours will you take during the semester covered by this scholarship? _____

FINANCIAL INFORMATION

Is anyone sharing household expenses with you? Yes No

If YES: Name _____

Relationship to you _____

Do you receive assistance from relatives or friends in any of the areas listed below? (Check all that apply)

_____Housing _____Transportation _____ Childcare

_____Financial Help _____Other (please list)

_____ I do not receive any assistance from relatives or friends.

FINANCIAL INFORMATION (Continued)

Are you covered by any health insurance? Yes No

Are you currently working? Yes No

If YES: Number of hours you work per week: _____
Is this a work study position? Yes No

Will you be working for income during the semester covered by this scholarship? Yes No

If YES: Number of hours you expect to work per week: _____
Will this be a work study position? Yes No

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

Name of Employer Address Job Title From—To

_____

_____

_____

Please list any volunteer work or community activities in which you have participated during the past 5 years:

_____

_____

Have you previously applied for a Single Parent Scholarship? Yes No

If YES: Were you awarded a Single Parent Scholarship? Yes No

If YES, when? _____

For what types of costs do you anticipate using the Single Parent Scholarship?

_____

What are your anticipated school expenses for the semester covered by this scholarship?

Tuition and Fees _____

Books and Supplies _____

FINANCIAL INFORMATION (Continued)

What are your average monthly expenses? (Please list dollar amounts)

Expense	Amount You Pay	Amount Paid Through Outside Assistance
Housing		
Utilities (electric, gas, phone, water)		
Food		
Transportation (gas, tires, maintenance)		
Car Payment		
Auto Insurance		
Health Insurance		
Medical Costs (check-ups, dentist, etc.)		
Clothing and Household Goods		
Child Care		
Credit Card Payments		
Other Loan Payments		
Other Monthly Expenses (Please List)		
Total Average Monthly Expenses		

FINANCIAL INFORMATION (Continued)

Sources of Income

Please list both monthly and annual amounts for each source of income. Column A should include income derived from each source during the PAST 12 months. Column B should include the amounts you expect to derive from each source during the NEXT 12 months. **THIS SECTION MUST BE FILLED OUT COMPLETELY TO BE CONSIDERED FOR A SCHOLARSHIP.**

Source of Income (Net Income)	Column A (Past 12 Months) Per Month	Per Year	Column B (Next 12 Months) Per Month	Per Year
Friends				
Family				
Employment				
Child Support				
Reserve Armed Forces				
Unemployment				
Social Security				
Rehabilitation				
HUD Rental Assistance				
TEA Assistance				
Child Care Vouchers				
Food Stamps				
V.A.				
Loan from Family or Friends				
Savings				
Other (Please list)				
TOTAL				

In the space below please include anything else about your financial situation that would be helpful in evaluating your application.

ALLIED HEALTH SCHOLARSHIP APPLICATION (Continued)

ADDITIONAL REQUIREMENTS

1. **APPLICATIONS MUST BE COMPLETED AND ALL DOCUMENTS RECEIVED TO BE CONSIDERED FOR A SCHOLARSHIP**. If you leave any section blank you will not be considered for a scholarship.

2. **ALLIED HEALTH APPLICANTS** must submit the following supporting documents in addition to this application form. Use this checklist to be sure your application packet is complete.

   _____ 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 which might be helpful to the Selection Committee in its evaluation.

   _____ Three letters of reference from people (not related to you) who are familiar with your life experiences and with your character. **Must include COMPLETE contact information (name, address, telephone, email)*

   _____ A letter of acceptance/admission from the school of your choice or an official transcript that indicates current enrollment that will be acceptable.

   _____ A copy of your valid (unexpired) photo ID. International students must submit a green card which indicates their status as a legal resident, and expiration dates.

   _____ A copy of your most recent federal tax return (form 1040).

   Upon submission of your application you will receive an email telling you if your application packet is complete. You will only receive one notice if you are missing required items.

3. After the submission, applications will be screened for eligibility. Those applicants eligible for a Single Parent Scholarship will be invited to a personal interview. You will receive a notice telling you the days and times interviews will be conducted. You must call to schedule your interview when you receive this notice.

4. After the interviews, applicants will receive a written notice advising them whether they have been awarded a scholarship. If you receive a scholarship your notification letter will specify the date scholarship money will be distributed and the procedure to follow to receive your check. Prior to check distribution each recipient must submit a class schedule for the class covered by the scholarship.

5. You must sign and date the Memorandum of Understanding (Page 7).

ALLIED HEALTH SCHOLARSHIP APPLICATION (Continued)

Memorandum of Understanding

I am applying for a scholarship to be awarded by the Single Parent Scholarship Fund of Northwest Arkansas, Inc. (the "SPSF NWA"). I understand that the SPSF NWA is a private, non-profit organization which awards scholarships to single parents who meet certain eligibility requirements.

I understand the following:

1. SPSF NWA has certain requirements for eligibility that must be met before I may be awarded a scholarship.
2. The status of program funds and/or eligibility requirements may be changed without notice.
3. I must meet all eligibility requirements during the semester for which a scholarship is awarded or I will forfeit the scholarship.
4. Not all applicants who meet eligibility requirements may be awarded a scholarship.
5. If I drop out of school for any reason, marry, or move out of Carroll, Madison or Washington County, I lose all rights to remaining awarded funds. I shall be responsible for notifying the SPSF NWA.
6. I understand that dropping classes, in any given semester, below the award amount, may affect current or future scholarship awards. I shall be responsible for notifying the SPSF NWA.
7. I understand that if I miss an interview appointment I may become ineligible to receive a scholarship.
8. Purposely falsifying any information required by the SPSF NWA or making misleading or false statements concerning the SPSF NWA or any agencies dealing with the SPSF NWA will result in immediate dismissal from the program.
9. I understand that the Interview Committee decision is final.
10. If awarded, scholarship funds not used on qualifying education expenses may be considered taxable income. I will consult with a CPA regarding reporting requirements.

If I am not awarded a scholarship or if I should become ineligible to receive a scholarship or any part thereof, I do waive any cause of action that I may have against the SPSF NWA, its officers, directors, employees or volunteers. I understand that by affixing my signature to this document that the SPSF NWA, its officers, directors, employees or volunteers will not be liable for any loss that I may suffer by reason of not receiving a scholarship.

I understand that the Single Parent Scholarship Fund of Northwest Arkansas, Inc. is required to verify all information provided to determine eligibility for assistance. 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 of Northwest Arkansas, Inc. I also agree to participate in follow up research conducted by the SPSF NWA after I am no longer receiving scholarship awards and hereby give permission to the SPSF NWA to obtain enrollment and graduation information from my school as is needed for their subsequent reports.

I have read and understand the above requirements and by my signature do agree to abide by them.

_____	_____	_____
Signature of Applicant	Print Full Name	Date