



UNITED WAY SINGLE PARENT SCHOLARSHIP FUND
OF JASPER & NEWTON COUNTIES
3510 East 3rd Street
Joplin, Missouri 64801
417-624-0153

Fall Applications Due: May 15th
Spring Applications Due: November 15th

STATEMENT OF PURPOSE

To provide supplemental financial assistance and mentoring to those single parents who are pursuing a course of instruction which will improve their income-earning potential. Scholarships may be used for tuition, books, utility bills, car maintenance, childcare, etc. **Applicants must complete a renewal application for each semester a scholarship is sought.**

SCHOLARSHIP AMOUNT

Single Parent Scholarships awards are \$500 and distributed each Fall and Spring semester to full-time students. Applications are renewable. (See Application for Renewal Scholarship Awardees)

ELIGIBILITY CRITERIA

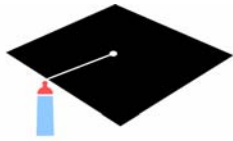
Single parents selected for financial assistance must meet the following criteria:

1. Resident of Jasper County (Missouri) or Newton County (Missouri).
2. High school graduate or equivalent (may apply if enrolled in college and in process of obtaining GED diploma).
3. Single head of household (single, separated, divorced, widowed) with custodial care of children under the age of eighteen (18).
4. Pursuing a career-oriented, full-time course of study to ensure a better standard of living for his/her family. Applicants cannot already have earned an undergraduate degree.
5. A Pell-eligible student with proof of status.
6. If Pell-ineligible must meet federal income guidelines. (See chart below)
7. Income level at no more than 125% of the current US Department of Health & Human Service (HHS) Income Guidelines.
8. **All documentation must be present by the deadline in order for the application to be considered complete.**

INCOME GUIDELINES

Persons in family	Taxable Income
1	\$10,830
2	14,570
3	18,310
4	22,050
5	25,790
6	29,530
7	33,270
8	37,010

For families with more than 8 persons, add \$3,740 for each additional person.



SINGLE PARENT SCHOLARSHIP FUND

of Jasper & Newton Counties

Application Checklist

Fall Applications Due:	May 15th
Spring Applications Due:	November 15th

Each applicant must submit the following by the deadline:

- Single Parent Scholarship application, completed in ink or typed.

- Verification of college/school enrollment (or acceptance letter from educational institution acknowledging current enrollment and active participation).

- Copy of high school diploma, GED certificate or college transcript(s) -- most recent required.

- Pell Grant proof of status.

- If Pell Grant was denied or not awarded, income verification is required (see page 2 for a list of items to be verified).

- Two (2) completed Reference Forms (see attached pages 4 & 5) from people who are familiar with your character and goals. Please do not use relatives as references.

- A clearly defined statement of your educational and career goals written on a separate sheet of paper.

<p><u>Complete application submitted to:</u> UNITED WAY SINGLE PARENT SCHOLARSHIP FUND OF JASPER & NEWTON COUNTIES 3510 East 3rd Street Joplin, Missouri 64801 417-624-0153</p>
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5. <u>Division of Income</u>	AMOUNT	
	<u>Monthly</u>	<u>Annually</u>
Employment/Work Study	\$ _____	\$ _____
Unemployment/Disability/VA/VR/SS Benefits	\$ _____	\$ _____
Child Support/WIC/Food Stamps	\$ _____	\$ _____
Loans	\$ _____	\$ _____
Scholarships/Grants	\$ _____	\$ _____
Total Monthly/Annual Household Income	\$ _____	\$ _____

C. EDUCATIONAL INFORMATION

1. List schools attended or training received, giving names and dates. (Example: Joplin High School, Diploma, 1998)

	<u>Name</u>	<u>Date</u>
High School/GED	_____	_____
Trade/Vocational School	_____	_____
College	_____	_____
Military/Other	_____	_____

2. Are you currently attending college or a trade/vocational school? Yes No
- If yes, number of hours already completed toward degree/diploma: _____
- If no, what college/school do you plan to attend? _____
3. What course of study (major) do you plan to pursue? _____
4. When do you expect to graduate? _____
5. Will you be a full-time or part-time student? Full-time Part-time
6. How many credit hours do you now take or plan to take? _____

Single Parent Scholarship Fund of Jasper and Newton Counties Memorandum of Understanding

I am applying for a scholarship to be awarded by the Single Parent Scholarship Fund (SPSF) of Jasper and Newton Counties. I understand that the SPSF is an initiative of the United Way of Southwest Missouri, a non-profit organization, which awards scholarships and provides mentoring to single parents who meet certain eligibility requirements.

I understand the following:

1. SPSF 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. I shall be responsible for notifying SPSF if I drop below full-time status, drop out of school for any reason, marry, have a change in financial status, or move out of Jasper or Newton Counties and forfeit all right to the SPSF.
6. I understand that if I miss an interview or a mandatory mentoring appointment I may become ineligible to receive a scholarship.
7. Purposely falsifying any information required by SPSF or making misleading or false statements concerning SPSF or any agencies dealing with SPSF will result in immediate dismissal from the program.
8. I understand that the Interview Committee decision is final.

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. Its employees or volunteers will not be liable for any loss that I may suffer by reason of not receiving a scholarship.

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

Signature of Applicant

Date

I understand that the Single Parent Scholarship Fund of Jasper and Newton Counties 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 Jasper and Newton Counties. I also agree to participate in follow up research conducted by SPSF after I am no longer receiving scholarship awards and hereby give permission to SPSF to obtain enrollment and graduation information from my school as is needed for their subsequent reports.

Signature of Applicant

Date

Single Parent Scholarship Fund of Jasper & Newton Counties
 c/o United Way of Southwest Missouri
 3510 East 3rd Street, Joplin, MO 64801

Reference Form

Applicant Name: _____

The above named applicant is applying for a scholarship with the Single Parent Scholarship Fund of Jasper and Newton Counties, an Initiative of the United Way of Southwest Missouri. The purpose of the program is to provide supplemental financial assistance to those single parents who are pursuing a course of instruction which will improve his or her income-earning potential. Your assessment of the candidate will assist the scholarship selection committee. We appreciate you taking the time to complete this form on the applicant.

Please complete this form and return the form directly to the applicant in a sealed envelope. Please sign the sealed envelope on the back over the closed flap.

Thank you.

1. How long and in what capacity have you known the applicant?

2. Please rate the applicant relative to other individuals you have known in a similar context in recent years by placing an "X" in the box that best represents the candidate's abilities.

	Exceptional	Average	Below Average	Not Observed
Initiative				
Self-Discipline				
Work Ethic				
Motivation				
Academic Potential				

Summary Evaluation:

- _____ I strongly recommend this applicant for the scholarship.
 _____ I recommend this applicant for the scholarship.
 _____ I cannot attest to the applicant's qualifications, but if awarded I believe the applicant would greatly benefit from the scholarship.
 _____ I do not recommend this applicant for the scholarship.

Signed: _____ Date: _____

Name (please print): _____

Phone: (_____) _____ E-mail: _____

Single Parent Scholarship Fund of Jasper & Newton Counties

C/O United Way of Southwest Missouri
3510 East 3rd Street, Joplin, MO 64801

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Signed: _____ Date: _____

Name (please print): _____

Phone: (_____) _____ E-mail: _____