



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

APPLICATION FOR RENEWAL SCHOLARSHIP AWARDEES

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.

ELGIBILITY 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.



C. FINANCIAL INFORMATION

1. a). Has any **Financial Information** changed, or do you anticipate any changes, since your initial application? Yes No If yes, please explain.

b.) Are you Pell-eligible? Yes No

c.) Has your Pell-eligibility changed? Yes No

2. Including yourself, how many individuals depend on you for financial support? _____
Please explain.

3. What is your total household income for the past 12 months? _____

Complete application submitted to:
UNITED WAY SINGLE PARENT SCHOLARSHIP FUND
OF JASPER & NEWTON COUNTIES
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Joplin, Missouri 64801
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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