2017 ARKANSAS NAHRO SINGLE PARENT SCHOLARSHIP

- **PURPOSE:** To provide supplemental financial assistance to enable the low income single parent receiving housing assistance who is pursuing a course of instruction in an institution of higher learning to complete their studies and achieve economic self-sufficiency.
- **CRITERIA:** Applicants selected for financial assistance will meet the following requirements:
 - 1. Have at least one natural child, one adopted child, or one child for which they are the legal guardian of or stand in the position of parent and are required to provide for the daily needs of the child.
 - 2. Be single, legally separated, divorced or widowed.
 - 3. Have obtained a High School Diploma, its equivalent or completed the GED <u>examination.</u>
 - 4. Be enrolled in or accepted by a public or private post secondary school in a program providing marketable skills to achieve self-sufficiency and a better standard of living. Applicant shall not previously have earned any undergraduate degree or have met the requirements for earning one.
 - 5. Be a low-income person at or near the poverty level.
 - 6. Have (if already attending college) and maintain a 2.0 grade point average.
 - 7. Applicant must have the Administrator or Director of the Housing Authority/ Agency to certify that the individual is receiving housing assistance.
 - 8. Be enrolled in a college, university or vocational school within eighteen (18) months of award of scholarship.

APPLICANTS

Each applicant must submit the following on or by the application deadline:

- 1. A fully completed application form filled out in ink or typed. (Incomplete applications will not be reviewed.)
- 2. Proof of enrollment or acceptance to an institution of post-secondary education. (Example: Letter from Registrar)
- 3. A transcript of high school or college work and a copy of the most recent report card received if not included on transcript.
- 4. Two (2) letters of recommendation from at least two of the following sources: work, school or other organizations in your community. Letters must be from individuals not related to the applicant.
- 5. <u>A letter of recommendation from your housing authority/agency.</u>
- 6. A statement (500 words or less) by the applicant explaining the particular course of study chosen, why the scholarship is needed and any other information that might be helpful in evaluating your application.
- 7. Sign the application and affirm that the information contained on the application and other information submitted therewith is true and correct and free of misrepresentation or deliberate omission.

ARKANSAS CHAPTER OF NAHRO SINGLE PARENT SCHOLARSHIP APPLICATION

Name:	Date of Birth:			
Address:				
City:	State:	Zip:	Phone #:	
Agency Name and City:			SS#:	
Single Divorced Le	gally Separated	Widowed	(Circle appropriate category)	
How long have you been a sin	gle parent?			
List names and ages of your cl	nildren:			
Including you, how many indi	viduals are depen	dent on you for f	inancial support?	
List your employers for the pa	st five (5) years b	beginning with yo	our present or most recent:	
List home and community acti				
Will you be working for incom If yes, how many hours per we			No	
What will be your total anticip \$	ated income each	n month once you	enter the upcoming school year?	
List schools attended or trainin School, Diploma, 1981; GED, High School or GED:	Anytown, 1985).			
College:		Degr	ee:	
• If you are a college	student, how ma	ny hours will you	u carry?	
What is the cost of tuition per	semester?			

What course of study w	vill you be pursuing?		
When do you expect to	graduate?		
Will you be enrolled:	Full Time	Part Time	_

Throughout the application, if a question doesn't apply to you please indicate so by writing N/A for not applicable.

The undersigned applicant states that the information contained in this application along with any attachments hereto are true and correct to the best of the applicant's knowledge and belief; the applicant has read the "Rules for the Arkansas Chapter of NAHRO Single Parent Scholarship" and agrees to abide by them; the applicant shall abide by the decisions of the Arkansas Association of Housing and Redevelopment Officials' Scholarship Committee, regarding the granting of any scholarship and that such decisions shall be final; and the applicant agrees that only completed applications will be reviewed.

Applicant's Signature

Date

HOUSING AGENCY CERTIFICATION

I hereby certify that ______(applicant's name) is a resident or participant in the Public Housing, Section 8 Housing or other housing program (<u>circle</u> <u>program type</u>) administered by this agency. I also certify that the family income of this applicant is equal to or less than HUD's "low income" limits for the family size. This agency is a member in good standing with Arkansas Chapter of NAHRO.

Signature of Executive Director:

Name of	of Ager	ncy/Aut	hority:
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Date:

DEADLINE FOR APPLICATIONS

APPLICATIONS MUST BE POSTMARKED NO LATER THAN FEBRUARY 13, 2017

Mail completed application to: Janet Bedene, Chairperson Arkansas Chapter NAHRO Scholarship Committee 109 N Logan Drive Paris, AR 72855 479 963-2130