



# CADC SINGLE PARENT SCHOLARSHIP APPLICATION

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[Yearly Application Deadlines](#)

**Fall            July 1**  
**Spring        November 1**

## Statement of Purpose

The purpose of the Single Parent Scholarship is to provide supplemental financial assistance and family support to those single parents who are pursuing a course of instruction that will improve their income-earning potential. Scholarships may be used for tuition, books, utility bills, car maintenance, childcare, or other financial needs that contributes to the recipient’s success in school.

## Employer Disclaimer

Full time employees of Central Arkansas Development Council with one or more years of employment are not eligible to apply for the Single Parent Scholarship.

## Amount of Scholarship

Single Parent Scholarships are distributed two times a year - Spring and Fall Sessions

Full time students	(7 credit hours or more)	\$500.00
Part time students	(6 credit hours or less)	\$250.00

## Criteria

Single parents selected for assistance will meet the following criteria. They must be:

- 1) A resident of Saline County, Arkansas.
- 2) A high school or GED graduate.
- 3) A single head of household (single, divorced, or widowed) with sole custody of one or more children under the age of 18.
- 4) Pursuing a career-oriented course of study to ensure a better standard of living for his/her family. Applicants cannot already have earned an undergraduate degree with the exception of those pursuing a Masters of Arts in teaching.
- 5) A low income person at or below 125% poverty.
- 6) A recipient of, or in the process of obtaining a Pell Grant.
- 7) Have a cumulative GPA of no less than 2.0
- 8) Entrance into CADC Mentoring and Family Support services is expected within 30 days of receiving a scholarship. Funds can be released as soon as entrance is complete with local CADC Family Development Specialist.

## Additional Requirements:

- 1) Please have three people (not related to you) send letters of reference to the Scholarship Committee. They should be familiar with your life experiences and with your character.
- 2) 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 in its evaluation.
- 3) Please attach a copy of your high school diploma or college transcript (or GED certificate and test scores) to this application. Also, please provide **proof of enrollment**.



# CADC Single Parent Scholarship Application

Customer Case Number: \_\_\_\_\_

Application received by: \_\_\_\_\_

Have you ever received a single parent scholarship from CADC?			
If yes When?			
Have you applied for a Pell Grant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes ", do you know the amount?

## Name, Address and Contact Information

Customer Name: _____	SS#: _____	Date of Registration: _____
Household Street Address: _____	City: _____	Zip Code: _____
Mailing Address (if different) _____	County: _____	Home Phone: _____ Other Phone: _____

## Household Information

Household Type:	<input type="checkbox"/> Single Parent Female	<input type="checkbox"/> Single Parent Male		
Marital Status:	<input type="checkbox"/> Never Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	
Primary Language:	<input type="checkbox"/> Migrant Worker	<input type="checkbox"/> Farmer	<input type="checkbox"/> Seas. Farm Worker	<input type="checkbox"/> Homebound
Number of People in the Household	Is any member of household a U.S. Citizen or Legal Alien?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has anyone in the household been granted legalized resident status under Section A or 210A?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what year? _____
If yes, what year? _____	How many persons in family? _____			

## Housing Information

Building Type:	<input type="checkbox"/> House	<input type="checkbox"/> Apartment	<input type="checkbox"/> Duplex	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Shelter	<input type="checkbox"/> Homeless	
Housing Type	<input type="checkbox"/> Own	<input type="checkbox"/> Buying	<input type="checkbox"/> Rent	<input type="checkbox"/> Public Housing	<input type="checkbox"/> Subsidized	<input type="checkbox"/> Boarder	<input type="checkbox"/> Other

## Income Information

Number of Household Members Employed: _____	Please Identify: _____
Household Income Monthly _____	\$ _____

## Income Sources *(Please check all that apply)*



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<input type="checkbox"/> Salary/Wages	<input type="checkbox"/> TEA/TANF	<input type="checkbox"/> Social Security	<input type="checkbox"/> Housing
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> SSI	<input type="checkbox"/> Retirement/Pension	<input type="checkbox"/> Veteran's Benefits
<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Alimony	<input type="checkbox"/> Other Income
<input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> No Income	<input type="checkbox"/> Child Support	
<input type="checkbox"/> Medical Aid	<input type="checkbox"/> General Assistance	<input type="checkbox"/> Dividends/Interest	

## Household Members

Name of Household Member <i>(include self on first line)</i>	Relationship	Social Security No.	Date of Birth	Age	Race	Sex M/F	Educ. Level	Degree?	Disabled?	Veteran?	Health Insurance?	Total Income
<b>1.</b>												
<b>2.</b>												
<b>3.</b>												
<b>4.</b>												
<b>5.</b>												
<b>6.</b>												

1.) List the schools attended or training received. Give names and dates. Identify degree or number of credits earned.

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- 2.) Are you currently attending college or school? YES NO
  - 3.) If yes how many credit hours have you completed toward your degree/diploma? \_\_\_\_\_
  - 4.) What college or school do you now attend or plan to attend? \_\_\_\_\_
  - 5.) What course of study (major) do you plan to pursue? \_\_\_\_\_
  - 6.) When do you expect to graduate? \_\_\_\_\_
  - 7.) Will you be a full time or part time student? \_\_\_\_\_
  - 8.) How many credit hours do you now take or plan to take? \_\_\_\_\_
  - 9.) Will you be working for income while you go to school? \_\_\_\_\_
  - 10.) If yes, how many hours each week? \_\_\_\_\_

<b>Remarks:</b>

<b>UNDERSTANDINGS:</b>
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I understand that disclosure of my Social Security number is voluntary and will be used only for identification purposes  
 I certify that the above information is true and correct.  
 I understand this information will be kept strictly confidential unless its release is authorized by me in writing.  
 I understand that general statistical information compiled with other households will be used to create a report for funding sources.

Customer Signature	Date of Completion
CADC Staff Signature	Office/Center/Program
Date of Completion	



## CADC Single Parent Scholarship Application

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City and Zip Code: \_\_\_\_\_

Month: \_\_\_\_\_

Date of Budget: \_\_\_\_\_

Income & Resource	Frequency	Date Rec'd	Net Amount	Budget Expenditures		Past Due	Comments
Salary / Wages			\$	Rent	\$	\$	
Social Security			\$	Electric/ Gas	\$	\$	
SSI			\$	Food/FS	\$	\$	
Food Stamps			\$	Personal Care	\$	\$	
Child Support			\$	Water	\$	\$	
Alimony			\$	Phone	\$	\$	
Work Study			\$	Laundry	\$	\$	
Pell Grant			\$	Car	\$	\$	
Scholarships			\$	Ins.	\$	\$	
Grants			\$	Gasoline	\$	\$	
TEA			\$	Cable	\$	\$	
Other			\$	Child Care	\$	\$	
			\$	Credit Cards	\$	\$	
			\$	Deduc.1	\$	\$	
			\$	Decuc.2	\$	\$	
			\$	Misc. 1	\$	\$	
			\$	Misc. 2	\$	\$	
			\$	Misc. 3	\$	\$	
			\$	Misc. 4	\$		
			\$		\$		
<b>Total</b>			<b>\$</b>		<b>\$</b>	<b>\$</b>	



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## FAMILY PARTNERSHIP AGREEMENT

I, \_\_\_\_\_, understand Central Arkansas Development Council (CADC) offers a Family Development Program designed to assist clients and their families in their desire to make changes in their lifestyles, enabling them to become self-reliant.

The Family Development approach of CADC will help me and my family to better ourselves by setting goals based upon my family's desires, strengths and needs. Family Development will include a variety of activities that may include budget counseling, energy education, referral to other service providers and face-to-face contact, as necessary. A household intake and needs assessment will determine which activities will be most beneficial to me and my family.

**Yes, I would like to** participate in Family Development activities offered through Central Arkansas Development Council.

**No, I do not want to** participate in Family Development activities offered through Central Arkansas Development Council.

\_\_\_\_\_  
*Customer's Name (Print)*

\_\_\_\_\_  
*County*

\_\_\_\_\_  
*Customers' Social Security Number*

\_\_\_\_\_  
*Worker Name and Date*

\_\_\_\_\_  
*Customer's Signature and Date*

\_\_\_\_\_  
*Household Number*



# CADC SINGLE PARENT SCHOLARSHIP APPLICATION

## Who Can Participate in the CADC SPSF Program?

To be eligible for participation, a household's income cannot exceed 125% of the Federal Poverty Level.

2009 Poverty Guidelines  
Yearly Income Limits  
Source: Federal Register, vol. 74, No. 15  
January 23, 2009 pp. 4199-4200

Persons in family	100% Poverty Guidelines	125% Poverty Guidelines
1	\$10,830	\$13,537.50
2	\$14,570	\$18,212.50
3	\$18,310	\$22,887.50
4	\$22,050	\$27,562.50
5	\$25,790	\$32,237.50
6	\$29,530	\$36,912.50
7	\$33,270	\$41,587.50
8	\$37,010	\$46,262.50

At 125%, for families with more than 8 persons, add \$4,675.00 for each additional person.

2009 Poverty Guidelines  
Monthly Income Limits  
Source: Federal Register, vol. 74, No. 15  
January 23, 2009 pp. 4199-4200

Persons in family	100% Poverty Guidelines	125% Poverty Guidelines
1	\$ 902.50	\$1,128.13
2	\$1,214.17	\$1,517.71
3	\$1,525.83	\$1,907.29
4	\$1,837.50	\$2,296.88
5	\$2,149.17	\$2,686.46
6	\$2,460.83	\$3,076.04
7	\$2,772.50	\$3,465.63
8	\$3,084.17	\$3,855.21

At 125%, for families with more than 8 persons, add \$389.58 for each additional person.