

Scholarship Application

**If you have earned a prior Bachelors degree, you are not eligible for this scholarship.
APPLICATIONS MUST BE COMPLETED AND RECEIVED BY THE DEADLINE TO BE CONSIDERED FOR A SCHOLARSHIP.**

If you leave any section blank you will not be considered for a scholarship.

Have you previously applied for an ASPIRE scholarship? Yes ☐ No ☐

Were you awarded an ASPIRE scholarship? Yes ☐ No ☐

For what types of costs do you anticipate using the ASPIRE scholarship? _____

Statement of Purpose

The purpose of ASPIRE is to provide supplemental financial assistance 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, or any other financial need that contributes to the recipient's success in school.

Amount of Scholarship

ASPIRE Scholarships are distributed two times a year:

Spring Session: \$750.00

Fall Session: \$750.00

Applicants may reapply for each semester they are attending school but they must fill out a renewal application for each semester a scholarship is sought.

Deadlines

Spring Session: November 15th

Fall Session: May 15th

Criteria

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

1. Resident of Jasper or Newton county.
2. Single head of household (single, legally separated, divorced, widowed) and not co-habiting with ex, current spouse or partner; with sole custody of one or more children under the age of 21.
3. High School or GED graduate.
4. Income level at no more than 125% of the current U.S. Department of Health and Human Service (HHS) Income Guidelines poverty level.
5. Pursuing a career-oriented course of study (full-time) to ensure a better standard of living for his/her family. **Applicants cannot already have earned an undergraduate degree.**
6. Recipient of a Pell Grant or in the process of applying for a Pell Grant.

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Date of Application

Personal Information

First Name _____ Middle Name _____

Last Name _____ Maiden Name _____

Sex M ☐ F ☐ Date of Birth (mm/dd/yr) SSN

Martial Status Single ☐ Married ☐ Divorced ☐
 Legally Separated ☐ Widowed ☐ Spouse KIA ☐

Race (Optional) Native American ☐ Hispanic ☐ Asian ☐
 African American ☐ Caucasian ☐ Other ☐

Mailing Address

Street _____ Apartment# _____ City _____ State _____ Zip Code _____ County _____

Email - school _____

Residential Address

Street _____ Apartment# _____ City _____ State _____ Zip Code _____ County _____

Email - personal _____

Telephones

Cell Home

Work Message

Please list a relative or contact who will always know where /how to reach you:

Name _____ Relationship _____ Telephone _____

Address _____ City _____ State _____ Zip Code _____

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Educational information

	Institution	Location	Dates	Credits Completed	Degree
High School or GED					
Trade School					
College(s)					

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

What degree are you seeking? _____

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

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

Are you the first in your family to attend college? Yes ☐ No ☐

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

How many credit hours have you completed? _____

When do you expect to graduate? _____

What is your cumulative GPA? _____

Have you ever served in the US Military? Yes ☐ No ☐

If so: What were your dates of service? _____

What type of discharge did you receive? _____

Are you the widow/widower of a service member, between the ranks of E1-E0, who has died in action while serving in OEF or OIF? Yes ☐ No ☐

Have you received a death benefit? Yes ☐ No ☐ If yes, how much was received? _____

Was funding used for the following? (Check all that apply)

Trust fund for children ☐ Education for children ☐ Investments ☐ Home Purchase ☐

Other ☐ None ☐ If other, please explain _____

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Family Information

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

Please list all the individuals currently living in your household.

Household Members (including yourself)

Name	Relationship	Sex	Date of Birth	Dependant		Insurance		Share Expenses	
				Yes	No	Yes	No	Yes	No

Do you anticipate any change in Personal/Family Information in the future, e.g., getting married, change in residence, child custody, etc.?

Yes ☐ No ☐

If yes, please explain: _____

Financial Information

Will you be working for income while you go to school?

Yes ☐ No ☐

If yes, how many hours each week will you work? _____

Who is your employer? _____

Is this a work-study position?

Yes ☐ No ☐

Is anyone sharing your household expenses with you?

Yes ☐ No ☐

Do you have friends or relatives living in the area?

Yes ☐ No ☐

If yes, what assistance do they provide you? (Check all that apply)

Housing ☐ Transportation ☐ Childcare ☐ Financial Help ☐ Other ☐ None ☐

What are your anticipated school expenses for the semester in which you are applying?

Tuition and Fees: \$ _____ Books and Supplies: \$ _____

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Monthly Income and Expenses Statement

Average Monthly Income

Employment	\$
Work Study	\$
Child Support	\$
Alimony	\$
HUD/Rental Assistance	\$
Food Stamps	\$
School Lunch	\$
TEA (Transitional Employment Asst)	\$
Child Care Vouchers	\$
Rehabilitation Benefits	\$
Unemployment	\$
VA Benefits	\$
Social Security/Disability	\$
Other Income	\$
Other _____ (list source)	\$
Total	\$

Average Monthly Expense

Rent/Mortgage	\$
Food/Groceries	\$
Utilities	\$
Auto Insurance	\$
Automobile Payment	\$
Child Care	\$
Clothing	\$
Credit Card Payments	\$
Household Goods	\$
Medical/Dental Costs	\$
Medical/Dental Insurance	\$
Other Loan Payments	\$
Telephone/Cellular	\$
Transportation (gas, oil, etc.)	\$
Other _____ (list expense)	\$
Total	\$

Additional Financial Aid by Semester

Please list the amounts of each type of financial aid you have received in the recent past or will receive during the next semester. Do not include anticipated amount from the ASPIRE scholarship.

Source	Amount Received Current Semester
PELL Grant	\$
Student Loan	\$
VA Education Benefits	\$
Other Scholarships/Grants	\$

Other Scholarships/Grants Sources (please specify)

Total household income
for past 12 months?

\$

Do you anticipate any change in Financial Information in the future?

Yes ☐ No ☐

If yes, please explain:

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Additional Requirements

FIRST TIME APPLICANTS must submit the following supporting documents in addition to this application form. Use this checklist to be sure your application packet is complete.

- Two letters of reference from people (not related to you) who are familiar with your life experiences and with your character.
- 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.
- A copy of your high school transcript and diploma OR your GED certificate and test scores.
- Official transcripts from any colleges or schools you have previously attended.
- A letter of acceptance/admission from the school of your choice or an official transcript that indicates current enrollment that will be acceptable.

RENEWAL APPLICANTS must submit the following supporting documents in addition to this application.

1. An official transcript (Fall Scholarships Only).
2. Upon submission of your application you will receive notification if your application packet is complete. You will only receive one notice if you are missing required items.

ALL APPLICANTS will be subject to the following:

1. After the submission deadline, applications will be screened for eligibility. Those applicants eligible for a 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.
2. After the interviews, applicants will receive written notification advising them whether they have been awarded a scholarship. If awarded, the 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 semester covered by the scholarship and a copy of final grades from the previous semester (if in school). Checks will be distributed twice during the semester. The first check will be sent at the beginning of the semester followed by the remaining funds after midterm grades have been turned in. To receive a fall scholarship, each recipient must submit an official transcript.
3. You **must** sign and date the Memorandum of Understanding on page 8.

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The following is **OPTIONAL** but your assistance in these areas increases the ability of ASPIRE to publicize our efforts and to raise money. Please check yes or no to each item and sign at the bottom of the page. Thank you!

I hereby give ASPIRE permission to use information about my background, experiences and academic accomplishments in promotional materials.

Yes, with my name ☐ Yes, but only anonymously ☐ No ☐

I will be willing to assist ASPIRE by speaking at civic clubs, churches, or other engagements in which members of the community want to learn about the activities of ASPIRE.

Yes ☐ No ☐

Applicant's Name (please print)

Applicants Signature

Date

Submit completed application and attachments to:

**ASPIRE of Southwest Missouri
P.O. Box 4623
Joplin, MO 64803
Phone 417.291.1640**

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I understand that if I am awarded assistance through ASPIRE, I will abide by the governance of the program for this period of time for which I receive a scholarship.

I hereby certify that the information contained in this application, along with my attachments, is true and correct to the best of my knowledge. I understand the committee has my permission to verify the information given. If additional information or documentation is requested of me, I will be pleased to furnish it.

I also understand the following:

1. This application applies for one semester only and I must reapply each semester to be considered for assistance.
2. Not all applicants who meet eligibility requirements may be awarded a scholarship.
3. If I purposely give false or misleading information, I may be required to repay any funding received.
4. I must meet all eligibility requirements during the semester for which a scholarship is awarded or I will forfeit the scholarship.
5. If I drop out of school for any reason, marry, or move out of the state where my application was made, I lose all rights to remaining awarded funds. I shall be responsible for notifying ASPIRE.
6. Dropping classes, in any given semester, below the award amount, may affect current or future scholarship awards. I shall be responsible for notifying ASPIRE.
7. Purposely falsifying any information required by ASPIRE or making misleading or false statements concerning ASPIRE will result in immediate dismissal from the program.
8. The status of the program funds and/or eligibility requirements may change without notice.
9. I understand that if I miss an interview appointment, I may become ineligible to receive a scholarship.
10. I understand that the Scholarship Committee's 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 ASPIRE, its officers, directors, employees or volunteers. I understand that by affixing my signature to this document that ASPIRE, 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 have read and understand the above requirements and by my signature do agree to abide by them.

Applicant's Name (please print)

Applicants Signature

Date

I hereby give permission for all information related to my academic record and my financial assistance to be released, upon request, to the ASPIRE of Southwest Missouri affiliate. I have read and understand the above requirements and by my signature do agree to abide by them. I agree to participate in follow-up research by ASPIRE after I am no longer receiving scholarships to obtain information about my education and economic status.

Applicant's Name (please print)

Applicants Signature

Date