

Scholarship Application

Name _____

Date of Birth _____

Address _____

Phone _____

Email _____

School you wish to attend or are attending _____

Course of Study _____

Career path or Professional Plan _____

Honors _____

Clubs _____

Volunteer work _____

Employment _____ How long? _____

How many children do you have? _____ Age(s) _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Are you receiving state or federal assistance? Yes No If so what type _____

Income (a) Less than 19,999.00 (b) 20,000.00-29,999.00 (c) 30,000.00 – 44,999.00 (d) 45,000.00+

Do you receive any type of support from your family or friends? Yes No

If yes, what type and how much? _____

Please submit a 150 word essay as to why you would be the best candidate for this scholarship.

Criteria:

*Must be a Single Parent which is defined as a solo parent, not living with a spouse or partner, who has most or all of the day-to-day responsibilities in raising the child or children. These include widows or widowers, divorced parent, biological mother or father, foster or adoptive single parent, single grandparent or other family member raising the children, parent whose spouse is gone away for an extended period of time, parent whose spouse is incarcerated, parent who was never married, woman who was a victim of rape, single parent who has chosen artificial insemination as a way to conceive, surrogacy

*Must live in the Oklahoma City metropolitan area or surrounding counties which include Cleveland, Canadian, and Potawatomi county.

*Must be drug and alcohol free.

*Must have lived in your place of residence for at least 6 months.

*Must be a member of the Single Parent Support Network or participating chapter

*Must submit 2 letters of recommendation

*Yearly Gross Income

*Must submit page 1 of Federal Income Tax Return