

Oklahoma Single Parent Scholarship Program

Fall 2019 Semester Application Packet

About our scholarship

- As a non-profit organization, OSPSP funding is made possible through the generosity of individuals, private foundations, and corporate donors.
- Applicants who are selected as OSPSP scholars will be eligible to receive **\$1,000 for the semester**. Funds may be used for tuition, textbooks, rent, mortgage, utilities, transportation, medical, groceries, diapers, childcare, and membership dues to professional organizations. (It is expected the Pell grant will pay for most or all of your tuition.)
- In addition to the funds awarded, OSPSP scholars may be required to participate in workshops or mentoring activities as offered. Information will follow to scholarship recipients.

Scholarship criteria

- Be the custodial parent of at least one child under the age of 18 living in a single-parent household without assistance of a “significant other” living in the home
- Be a full-time student at a non-profit college or university located in Oklahoma or Cleveland County working toward a degree. Fulltime is defined as enrolled in 12 or more credit hours OR students enrolled in one of these programs may be eligible if enrolled in 9 or more hours: Nursing; Anesthesia Technology; Emergency Medical Science; Occupational Therapy Assistant; Physical Therapy Assistant; Respiratory Care Therapist; Speech-Language Pathology Assistant
- Have completed at least one semester
- Have a minimum 2.5 GPA in the most recent semester and cumulatively
- Be eligible to receive federal Pell Grant
- **Incomplete applications will not be considered**

Application checklist

- Completed application:** Fill out application in its entirety. **Incomplete applications will not be considered.**
- Personal narrative:** We want to know about YOU! In a typed, double-spaced, 1-2 page document, please describe:
 - Your story
 - Your academic and career goals
 - How you would use the scholarship, if awarded.
- Two (2) recommendation forms completed by faculty and/or current or past employer:** Blank forms are attached. Recommendation forms must be returned separately by mail by the faculty member who completes it. (These will **not** be part of the packet submitted by the student.)
- Complete college transcript:** Transcript can be an unofficial copy. Must show Spring 2019 grades or most recent semester completed.
- Proof that you are a single parent and head-of-household** for one or more children under 18. Please include one of these documents: 2018 Federal tax return showing dependents claimed. (Form 1040, 1040A or 1040EZ) FIRST PAGE ONLY. If you did not file taxes in 2018, include the first page of your FAFSA application which you submitted for Fall 2019 semester. **WHITE OUT ANY SOCIAL SECURITY NUMBERS APPEARING ON EITHER FORM BEFORE SUBMITTING.**
- Proof you will be receiving Pell grant in Fall 2019; if still pending, proof you have applied for the Pell through FAFSA.** We do not need the entire application packet, only evidence you will receive it.
- Fall 2019 class schedule proving enrollment**

Applications must be returned by mail to: Oklahoma Single Parent Scholarship Program
6608 N. Western Avenue, #322
OKLAHOMA CITY, OK 73116

OKLAHOMA SINGLE PARENT SCHOLARSHIP PROGRAM

Fall 2019 Scholarship Application
MUST BE POSTMARKED BY June 30, 2019

Name: _____ Student ID: _____

Address: _____

City: _____ State: **OK** Zip Code _____

Email address: _____

Cell phone or best number to reach you: _____ Marital status: _____

Secondary phone number or emergency number _____

Are you the primary custodial parent of at least one child under the age of 18 and living in a single parent household? _____

Number of children (under the age of 18) living in your household: _____

Please list all people living in your household (include yourself):

<u>Name</u>	<u>Age</u>	<u>Relationship to you</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Academic Status

What school will you attend Fall 2019: _____

Major: _____ Anticipated Graduation Date: _____

Will you be enrolled full-time for the spring semester? [] Yes [] No

Number of semester hours in which you will be enrolled during the Fall semester: _____
(Must be enrolled full time to receive scholarship)

Number of credit hours completed by June 30, 2019: _____

GPA for most recently completed semester: _____ Cumulative GPA: _____

Education

Please list the names, dates of attendance, and level of training received:

NAME OF SCHOOL	DATES ATTENDED	GRADUATED	DIPLOMA OR CERTIFICATE
EXAMPLE: Classen High School	1989-1991	Yes	Yes

Employment

Please list your current or most recent employer:

Employer and job title: _____

Address: _____

Telephone #: _____ Number of hours per week: _____

Dates of employment: From _____ to _____

Will you continue to work during the semester? _____ Number of hours per week: _____

Will you have an internship, fieldwork, or clinical hours for the spring semester? Yes No

EXTRACURRICULAR ACTIVITIES

EDUCATIONAL, PROFESSIONAL OR CIVIC ORGANIZATION MEMBERSHIPS AND/OR LEADERSHIP ROLES

COMMUNITY INVOLVEMENT AND/OR VOLUNTEER SERVICE ACTIVITIES

Financial Status

Have you applied for the Pell grant? Yes No Will you receive the Pell grant? Yes No

Will you receive other financial aid or scholarships? If so, please list them here:

Budget and Financial Need Summary

Income Column	Estimated Amount	Expense Column	Estimated Amount (monthly)
Earned Wages		Rent/mortgage	
Child support/Alimony		Electricity	
SNAP benefits		Gas Utility	
Housing assistance		Cable/satellite	
Childcare assistance		Phone	
Family contributions		Water	
Other Sources		Food	
		Childcare	
		Medical/dental	
		Clothing	
		Transportation (gas, car	
		Car Insurance	
		Health/dental insurance	
		Credit card debt	
		Other (please explain)	

Budget and Financial Need Summary

Total monthly income \$ _____ x 4
months = \$ _____ (semester
income)

Total monthly expense \$ _____ x 4 months =
\$ _____ (semester expenses)

Subtract semester expenses from income \$ _____

Financial aid package (per semester) \$ _____

Estimated tuition and fees (per semester) \$ _____

Estimated books and supplies (per semester) \$ _____

Total estimated costs (per semester) \$ _____

Subtract total estimated costs from total aid package = \$ _____

Scholarship Application Verification

I promise that the information provided on this application and supporting documentation is true and correct to the best of my knowledge and belief. I understand that there is no guarantee that any scholarship will be awarded or renewed and that any material misrepresentation or deliberate omission of information on my application or in the interview may be justification for denial of or termination of scholarship assistance by the Oklahoma Single Parent Scholarship Program.

Applicant Signature

Date

Memorandum of Understanding

Oklahoma Single Parent Scholarship Program (OSPSP) is a private, non-profit organization founded on the principle of providing scholarship funding and support services to high potential, low-income single parents in Oklahoma.

I understand the following

- I must maintain a minimum 2.5 GPA each semester and my cumulative GPA must be at least 2.5.
- I must attend a not-for-profit accredited college or university in Oklahoma County or Cleveland County.
- I must be enrolled full-time, and taking required courses toward degree completion.
- I must meet the Satisfactory Academic Progress policy of my school.
- Not all applicants who meet eligibility requirements will be awarded a scholarship.
- The status of program funds and/or eligibility may change without notice.
- OSPSP collects information and photos to be used in various promotional materials.
- The Single Parent Scholarship Program scholarship may be a one-time scholarship. I must reapply for OSPSP scholarship funding each semester and provide current transcripts, schedule and enrollment verification, and other documents as required.

If I am awarded a scholarship or if I am not awarded a scholarship, I waive any cause of action that I may have against the OSPSP, its officers, directors, employees or volunteers. I understand that by affixing my signature to this document, that OSPSP, its officers, directors, employees or volunteers will not be liable for any loss that I may suffer by reason of not receiving a scholarship.

Applicant Signature

Date

Release of Information

I understand that OSPSP is required to verify all information provided to determine continuing eligibility of assistance. I hereby agree to allow contact with other agencies, individuals, schools or organizations to share information regarding my case and compliance. I also authorize OSPSP to contact the college I attend for verification and tracking purposes and have permission to obtain access to my school records, and for my past, present and future schools to provide records.

Applicant Signature

Date

Applicant Printed Name

School

Student ID#

RETURN BY MAIL POSTMARKED BY June 30, 2019 to: OKLAHOMA SINGLE PARENT SCHOLARSHIP PROGRAM

6608 N. Western Avenue, #322

OKLAHOMA CITY, OK 73116

Faculty/Employer Recommendation Form (2 required per applicant)

RE: Recommendation for Oklahoma Single Parent Scholarship

Student's Name: _____ Date: _____

Directions: Please mark the box that best represents the attributes of the scholarship candidate below:

Key

4 = Exemplary, consistently performs above and beyond expectations at a mastery level

3 = Above Average meets expectations and continues to grow

2 = Satisfactory

1 = Needs improvement

Please check the box which best describes the individual for each attribute.

Attribute	4 – Exemplary	3 –Above Average	2 – Satisfactory	1- Needs Improvement
Professionalism				
Communication/ Interpersonal Skills				
Ability				
Attendance				
Integrity				

Faculty comments:

Faculty printed name: _____ Signature: _____

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6608 N. Western Avenue, #322
Oklahoma City, OK 73116**

THIS DOCUMENT SHOULD BE MAILED BY THE FACULTY MEMBER SEPARATE FROM THE STUDENT APPLICATION. WE DO NOT INTEND FOR THE STUDENT TO SEE THE RECOMMENDATION FORM.

MUST BE POSTMARKED BY June 30, 2019

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