

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 expenses do you anticipate using the ASPIRE scholarship? _____

What semester are you applying for? Spring Fall

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

Single Parent Scholarships are distributed two times a year:

Spring \$500 (full time)	Fall \$500 (full time)
\$250 (part time)	\$250 (part time)

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: October 31

Fall Session: June 30

Criteria

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

1. Resident of Creek, Okmulgee, Osage, Rogers, Tulsa or Wagoner county.
2. High School or GED graduate.
3. Single head of household (single, legally separated, divorced, widowed) and not co-habiting with ex-spouse, current spouse or partner; with sole custody of one or more children under the age of 21.
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.
5. Low income person at or near the current U.S. Department of Health and Human Service (HHS) Income Guidelines poverty level.
6. Recipient of a Pell Grant or in the process of applying for a Pell Grant.

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Scholarship Application

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)

Own Education Children's Education Children's Trust Fund Investments

Home Purchase None Other If other, please explain _____

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Scholarship Application

Household 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 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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Scholarship Application

Monthly Income and Expenses Statement

Average Monthly Income	Average Monthly Expense
Employment \$ <input style="width: 100%;" type="text"/>	Rent/Mortgage \$ <input style="width: 100%;" type="text"/>
Work Study \$ <input style="width: 100%;" type="text"/>	Food/Groceries \$ <input style="width: 100%;" type="text"/>
Child Support \$ <input style="width: 100%;" type="text"/>	Utilities \$ <input style="width: 100%;" type="text"/>
Alimony \$ <input style="width: 100%;" type="text"/>	Auto Insurance \$ <input style="width: 100%;" type="text"/>
HUD/Rental Assistance \$ <input style="width: 100%;" type="text"/>	Automobile Payment \$ <input style="width: 100%;" type="text"/>
Food Stamps \$ <input style="width: 100%;" type="text"/>	Child Care \$ <input style="width: 100%;" type="text"/>
School Lunch \$ <input style="width: 100%;" type="text"/>	Clothing \$ <input style="width: 100%;" type="text"/>
TEA (Transitional Employment Asst) \$ <input style="width: 100%;" type="text"/>	Credit Card Payments \$ <input style="width: 100%;" type="text"/>
Child Care Vouchers \$ <input style="width: 100%;" type="text"/>	Household Goods \$ <input style="width: 100%;" type="text"/>
Rehabilitation Benefits \$ <input style="width: 100%;" type="text"/>	Medical/Dental Costs \$ <input style="width: 100%;" type="text"/>
Unemployment \$ <input style="width: 100%;" type="text"/>	Medical/Dental Insurance \$ <input style="width: 100%;" type="text"/>
VA Benefits \$ <input style="width: 100%;" type="text"/>	Other Loan Payments \$ <input style="width: 100%;" type="text"/>
Social Security/Disability \$ <input style="width: 100%;" type="text"/>	Telephone/Cellular \$ <input style="width: 100%;" type="text"/>
Other Income \$ <input style="width: 100%;" type="text"/>	Transportation (gas, oil, etc.) \$ <input style="width: 100%;" type="text"/>
Other _____ \$ <input style="width: 100%;" type="text"/>	Other _____ \$ <input style="width: 100%;" type="text"/>
<small>(list source)</small>	<small>(list expense)</small>
Total \$ <input style="width: 100%;" type="text"/>	Total \$ <input style="width: 100%;" type="text"/>

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	\$ <input style="width: 100%;" type="text"/>
Other Scholarships/Grants	\$ <input style="width: 100%;" type="text"/>
Student Loan	\$ <input style="width: 100%;" type="text"/>
Other Financial Aid (please specify)	\$ <input style="width: 100%;" type="text"/>

If yes, please explain _____

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.

- Three 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. Copy of complete tax returns.
3. 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 receive an invitation 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. A copy of your tax returns must be submitted each spring to qualify.
3. You **must** sign and date the Memorandum of Understanding.

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Scholarship Application

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)

Applicant's Signature

Date

Submit completed application and attachments to:

**ASPIRE of Green Country Oklahoma
PO Box 35602
Tulsa, OK 74135
Phone 918.586.5696**

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Scholarship Application

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 ASPIRE 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 required hours, 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. I will be required to submit an official transcript each fall and my personal tax returns each spring that I am applying for a scholarship.
9. The status of the program funds and/or eligibility requirements may change without notice.
10. I understand that if I miss an interview appointment, I may become ineligible to receive a scholarship.
11. I understand that ASPIRE'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)

Applicant's Signature

Date

I hereby give permission for all information related to my academic record and my financial assistance to be released, upon request, to ASPIRE. 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)

Applicant's Signature

Date