CATEGORY 3-RESIDENT/PARTICIPANT HEAD OF HOUSEHOLD APPLICATION

Application Deadline: March 27th, 2020

<u>Incomplete Applications will NOT be considered for the scholarship.</u>

Scholarships will be awarded on April 22nd, 2020 at the Arkansas NAHRO Luncheon to be held at the Wyndham Riverfront Hotel in N. Little Rock.

Arkansas NAHRO Scholarship Program provides Scholarship opportunities to families that reside in, work with, or who otherwise receive housing benefits from one of the member agencies. Arkansas NAHRO awards scholarships annually.

<u>Category 3-Head of Household-Resident or participant:</u> Scholarships are available to provide supplemental financial assistance to enable the low-income single parent who is pursuing a course of instruction in an institution of higher learning to complete their studies and achieve economic self-sufficiency and who are public housing residents or participants in rental assistance programs and receive direct housing benefits from one of the member agencies of ARNAHRO. The Scholarship will be paid directly to the winner after confirmation of enrollment in a college, university, or vocational school is received by ARNAHRO within eighteen (18) months of award of the scholarship.

<u>Definitions:</u> A Head of Household resident (Category 3) applicant is the Head of a resident family who resides in or has received direct housing benefits from a member agency in good standing with ARNAHRO; who has at least 1 natural child, 1 adopted child or 1 child for which they are the legal guardian of or stand in the position of parent and are required to provide for the daily needs of the child; be single, divorced, legally separated, or widowed; have a high school diploma, it's equivalent or completed the GED examination; be a low income person at or below the poverty level; have (if already attending college) and maintain a 2.0 grade point average; be enrolled or agree to be enrolled in a college, university, or vocational school in a program providing marketable skills to achieve self-sufficiency and a better standard of living within 18 months of the award of scholarship; and shall not previously have earned any undergraduate degree or have met the requirements for earning one.

Eligibility Requirements

- 1. At the time of application for the Scholarship, the applicant and his/her family must reside or receive direct housing benefits and be in good standing through any housing program administered by any agency that is also a member in good standing with ARNAHRO.
- 2. HOH student may attend school part time and can reapply after the completion of the funded scholarship year.
- 3. Upon the distribution of scholarship funds, the applicant's family must be residents of or receive direct housing benefits through any housing program administered by any agency who is a member in good standing of the ARNAHRO.
- 4. <u>Certification:</u> The housing agency must complete the Agency Questionnaire and certify that the applicant is a resident of the agency and in good standing. The agency must certify that it is a member in good standing with ARNAHRO.
- **5.** Applications submitted that are not in accordance with the instructions will not be considered for judging.

The program is competitive and awards are based on academic achievement, extra-curricular activities, family need and community involvement.

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Applica	ant Name			Date	of Birth ₋	
Mailin	g					
Addres	SS		City:	St	ate:	Zip
Applica	ant email			Phone ()		
Gende	er: 🗆 Male 🗆 Female	Marital Status: □ S	Single Divorced	☐ Legally Separated	□ Wid	owed
How lo	ong have you been a s	ingle parent?	List ages of you	ır children		
Includi	ing yourself, how man	y individuals are de	pendent upon you fo	or financial support	?	<u> </u>
Do yoι	u have a □ high schoo	ol diploma or 🗆	GED			
Curren	ntly enrolled in school	? □ Yes □ No If yes	s, \square part time \square full $!$	time Expected Gra	duation I	Date:
Acade	mic Major(s) you will ı	pursue, or are pursu	uing:			
Univer	rsity/College/Vocation	al School you plan t	to attend or are atter	nding:		
	are not presently in sonany hours?				tart scho	ool:
					active not	r wook?
	ou be working for inco				-	
wnat	will be your anticipate	a total monthly inco	ome once you enter	the upcoming scho	oi year?	
1.	List your employers f	or the past 5 years	beginning with your	present or most re	cent:	
2.	List schools attended	l or training receive	d. Give names and da	ates (EX. Anytown I	High, Dip	loma, 1981)
3.	What are your core v	values? What is imp	ortant to you?			
4.	What Goals and plan	s do you have for yo	our future?			
5.	List the community a	•		•	_	nizations,
	Church groups, etc.)					
6.	List your academic ac	ccomplishments, ex	tra-curricular activiti	es (EX. awards, hor	nor socie	ties, etc.)

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pplica	nt Signature	
ttachi ead th he api ny sch	e "Rules for the Arkansas Chapter of NAHRO Singl plicant shall abide by the decisions of the ARNAHR	ntained in this application along with any le applicant's knowledge and belief; the applicant has e Parent Scholarship" and agrees to abide by them; O Scholarship Committee, regarding the granting of I the applicant agrees that only complete applications
13.	would be of importance:	
13	Please provide any information about yourself or	your family and any special circumstances you feel
12.	List hobbies and special interests:	
11.	List job history including dates and places of emp	oyment:
10.	What would you use this scholarship for? (EX. Tui	tion, books, etc.)
	expenses? Please list any available to you includir	g any Scholarships and the amount of each:
9.	At the time of application, what other resources of	lo you have available to you to help with college
	done, etc.)	
8.	What steps have you taken to prepare for college	
7.	Why did you choose your college major?	

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Applications MUST INCLUDE the following materials according to this *checklist:*

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The appropriate three (3) page application signed to affirm that the information contained on the
application and the other information submitted with the application therewith is true and correct and free of
misrepresentation or deliberate omission.
Agency questionnaire and certification completed and signed by ED/staff member with direct knowledge
of the applicant and family.
A letter of recommendation from the Executive Director, Administrator, or other agency representative.
Two (2) letters of recommendation from community leaders-Adults should know you well and can attest
to your character, work habits, etc.) (ex. Teachers, coaches, church leaders, employers, etc.)
A copy of an official (stamped or signed) high school diploma, transcript, or GED.
A copy of ACT or SAT Test scores, if not on official transcript.
An essay on "why you have chosen to pursue the area of study chosen, and what influenced your choice
of that area of study and why this scholarship is needed". (150-300 words) ESSAYS MUST BE TYPED.
A photograph taken by agency staff. Applicants are allowing ARNAHRO use of their photographs unless
they state otherwise in writing.

SUBMISSION

Scholarship Application with accompanying documentation and information must be submitted directly to:

Arkansas NAHRO Scholarship Program
1301 Wade Avenue
Judsonia, AR 72081

jha090ar@centurytel.net

For questions or information contact: Tammie Bishop, 501-729-4091,

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR THE SCHOLARSHIP

All applications for the 2020 Scholarship Program

MUST be postmarked or received by email no later than March 27th, 2020.

Applicants are allowing ARNAHRO the use of their photographs unless they state otherwise in writing.

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Agency Questionnaire & Certification

MUST BE COMPLETED BY Executive Director or Knowledgable Staff Member Must include a picture of the applicant taken by the recommending Agency.

Α.	FAMILY INFORMATION Name of Scholarship Applicant:						
1.	Number of dependants living in the home and ages						
	Is applicant head of a Single Parent Household? Yes □ No □ What are the sources of income for the family?						
	□ Employed □ Social Security □ SSI □ Disability □ Other Total Household Income Range:						
	□ \$0-15,000. □ \$15,001-30,000. □ \$30,001-45,000. □ \$45,001 and above.						
4.	Does the scholarship applicant work? Yes □ No □						
5.	Does the family have reliable transportation? Yes \square No \square						
6.	Has the applicant displayed any bad behavior while in housing? Yes \Box No \Box						
7.	Do you feel the applicant is a good candidate for the ARNAHRO Scholarship? Yes No						
	Please explain						
8.	Does this family have any special circumstances you feel would impact the committee's decision?						
	Yes No If Yes, please explain						
В.	CERTIFICATIONS						
	I hereby certify that(applicant name) is Head of Household and						
	is a resident or participant in good standing in the(list one:						
	public housing, section 8, other) housing program administered by this agency since						
	(date). I also certify that the family income and information above is accurate as of the last family certification on file and the income is equal to or less than HUD's "low income" limit						
	for the family size and locality.						
	I also certify that the agency						
	is a member in good standing of the Arkansas Chapter NAHRO.						
	Name of Executive Director						
	Name of Staff Member who completed Questionnaire						
	Address of Agency						
	Agency phone # Agency Email:						
	Signature of Executive Director/Staff Member Date						