

The Children & Family Resource Center  
of Henderson County, Inc.  
851 Case Street, Hendersonville, NC 28792  
(828) 698-0674

CFRC Scholarship for Single Parents  
Established in 2008

*Application for Scholarship*

Date: \_\_\_\_\_

Funds are awarded to single parents residing in Henderson County who can demonstrate that given an opportunity through continued education their lives will be positively altered or impacted allowing them to better themselves and the lives of their children. Factors such as income, race, and number of dependents, disability, religious affiliation or sexual preference will not automatically qualify or disqualify any applicant.

Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Alternate telephone number for message (relative or friend) \_\_\_\_\_

Social Security # \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_

Marital Status \_\_\_\_\_ Primary Language \_\_\_\_\_ Number of Members in Household \_\_\_\_\_

Names and ages of children that reside with you \_\_\_\_\_

\_\_\_\_\_

Are you disabled? \_\_\_\_ if yes, please include documentation when submitting application.

Occupation \_\_\_\_\_ Place of employment \_\_\_\_\_

Monthly household income, include all members' earnings and benefits: Work \_\_\_\_\_

Child support \_\_\_\_\_ Social Security \_\_\_\_\_ Financial Aid \_\_\_\_\_

Workfirst \_\_\_\_\_ Other \_\_\_\_\_ Total income household income per year \_\_\_\_\_

**(Please attach a copy of your most recent tax return.)**

What is the highest grade completed in school? \_\_\_\_\_

Have you received financial assistance for education in the past? \_\_\_\_\_ If so, when and why?

\_\_\_\_\_  
\_\_\_\_\_  
If awarded, how would you use the scholarship funds? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
What is your ultimate educational goal? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Specific amount of request \_\_\_\_\_

Have you tried to obtain help from any other source? If yes, please describe outcome.

\_\_\_\_\_  
\_\_\_\_\_  
What else you can tell us about yourself that would help us better understand your situation and why you need a scholarship? Write on the Back of this page if you need more room.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
How did you hear about the CFRC Scholarship for Single Parents?

By signing this application, you affirm that the above information is accurate and true. Permission is given for us to contact any person or agency mentioned on this application for information pertaining to your request. All funds will be paid directly to the school or vendor. If granted a scholarship you agree to provide semester update reports as requested and that we may contact you for a follow up to assess the difference that Scholarship has made in your life.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*The scholarship is made possible through a generous donation by Terry Hicks.*

For use by Scholarship Review Committee:

Application complete \_\_\_\_\_

Copies of necessary documentation attached \_\_\_\_\_

Proof of residence attached \_\_\_\_\_

Interview completed \_\_\_\_\_

Approved by:

Approval Date

--	--	--	--	--