

ASPIRE Scholarship Application

Student Requirements:

- Must be enrolled in a Professional and Technical Education degree at SAC.
- Must be a single parent.
- Must demonstrate financial need (Pell Grant, Lone Star Card, WIC, etc.)
- Be in good academic standing (overall GPA 2.0 minimum).
- Maintain an enrollment of at least 9 credit hours for Fall and Spring.
- Commitment to attend monthly parenting workshops.
- Volunteer or participate in a function or event with the Women's Center.

Renewal of Scholarship: Scholarship may be renewed on an academic year or semester basis, contingent upon satisfactory academic progress and availability of funds. Students must re-apply by the deadline for the next semester for a continuation of the scholarship. Please attach a separate sheet describing how the scholarship benefited you and why you feel it should be renewed.

Contact Carolina Trevino at 486-0465
or visit our web site
<http://www.alamo.edu/sac/wc>



ASPIRE Scholarship GENERAL INFORMATION SHEET	Do not write in this space G.P.A. _____ Current Enrollment _____ TEST SCORES
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NAME _____ SSN _____ ADDRESS _____ ZIP CODE _____ CITY _____ HOME PHONE _____ WORKPHONE _____ ALTERNATE _____ BIRTH DATE _____ GENDER: ___ FEMALE ___ MALE	SINGLE PARENT _____ TWO PARENT FAMILY _____ DIVORCED PARENT _____ SEPARATED PARENT _____ Date of Separation _____
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ETHNIC GROUP	ECONOMIC STATUS	EDUCATION LEVEL
AFRICAN AMERICAN _____ AMER. INDIAN/ALASKAN NATIVE _____ ASIAN/PACIFIC ISLANDER _____ CAUCASIAN _____ HISPANIC _____ OTHER _____	Check all that apply: FULL-TIME EMPLOYED _____ PART-TIME EMPLOYED _____ FULL-TIME STUDENT _____ SEEKING EMPLOYMENT _____	ATTENDING HIGH SCHOOL _____ HIGH SCHOOL GRADUATE _____ GRADUATE EQUIVALENCY GED _____ SOME COLLEGE/NUMBER OF HOURS _____ COLLEGE ATTENDED _____ _____

EMPLOYMENT STATUS:

Company Name (Most recent employer) _____ Supervisor _____ Address _____ Phone _____ May we call? yes no Starting Date: ____/____/____ Ending Date: ____/____/____ Job Title _____ Duties _____ Full ___ Part Time ___ Gross Monthly Income	Company Name _____ Supervisor _____ Address _____ Phone _____ May we call? yes no Starting Date: ____/____/____ Ending Date: ____/____/____ Job Title _____ Duties _____ Full ___ Part Time ___ Gross Monthly Income \$	Company Name _____ Supervisor _____ Address _____ Phone _____ May we call? yes no Starting Date: ____/____/____ Ending Date: ____/____/____ Job Title _____ Duties _____ Full ___ Part Time ___ Gross Monthly Income \$
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INCOME WORKSHEET

APPLICANT'S NAME: _____

APPLICATION DATE ____/____/____

FAMILY INCOME**

Applicant's gross salary.....	\$ _____
Spouse's gross salary.....	\$ _____
TANF.....	\$ _____
Food Stamps.....	\$ _____
Unemployment Compensation.....	\$ _____
Workmen's Compensation * Explain below.....	\$ _____
Child Support.....	\$ _____
Social Security.....	\$ _____
Veteran's.....	\$ _____
Savings.....	\$ _____
Scholarships.....	\$ _____
Financial Aid (Pell Grant, Loans).....	\$ _____
TOTAL MONTHLY INCOME.....	\$ _____

****If income is not equal to or more than expenses, indicate how expenses are met.**

APPLICANT'S NOTES: (Use this space to explain other financial concerns that should be considered).

FAMILY EXPENSES*

Rent.....	\$ _____
Mortgage Payment.....	\$ _____
Utilities.....	\$ _____
Telephone.....	\$ _____
Groceries.....	\$ _____
Car Payment.....	\$ _____
Gasoline.....	\$ _____
Auto Insurance.....	\$ _____
Bus Fare.....	\$ _____
Medical Bills.....	\$ _____
Medical Insurance.....	\$ _____
Tuition.....	\$ _____
Books/Supplies.....	\$ _____
Other.....	\$ _____
Other.....	\$ _____
TOTAL MONTHLY EXPENSES	\$ _____

*If applicant does not pay, indicate who does pay for each item.

CHILD CARE WORKSHEET

APPLICANT'S NAME _____

APPLICATION DATE: ____/____/____

How many children do you have living with you? _____
How many children need child care assistance? _____

Are you currently receiving child care assistance? Yes _____ No _____
If yes, from what agency? _____
For how long? _____

PLEASE COMPLETE ONE SECTION FOR EACH CHILD NEEDING CARE:

Name _____
Birth Date ____/____/____
Current day care _____
Current day care cost \$ _____ per week

Type of day care requested:
Full-time Care _____ After school care _____
Part-time Care _____ Weekend/night care _____

Name _____
Birth Date ____/____/____
Current day care _____
Current day care cost \$ _____ per week

Type of day care requested:
Full-time Care _____ After school care _____
Part-time Care _____ Weekend/night care _____

Name _____
Birth Date ____/____/____
Current day care _____
Current day care cost \$ _____ per week

Type of day care requested:
Full-time Care _____ After school care _____
Part-time Care _____ Weekend/night care _____

Name _____
Birth Date ____/____/____
Current daycare _____
Current day care cost \$ _____ per week

Type of day care requested:
Full-time Care _____ After school care _____
Part-time Care _____ Weekend/night care _____

PERSONAL AND ACADEMIC STATEMENTS

APPLICANT'S NAME: _____

APPLICATION DATE: ____/____/____

FEEL FREE TO USE A SEPARATE SHEET TO ANSWER THE FOLLOWING QUESTIONS.

ACADEMIC PLAN

What degree are you seeking? _____

(attach degree plan)

Number of hours completed toward degree plan: _____

(On attached degree plan, highlight completed hours.)

How long will it take you to complete your degree plan?

6 months or less One year Two years More than two years

What are your goals in your academic career?

What are your greatest strengths as a student?

What are some barriers you must overcome and how will you accomplish this?

CAREER PLAN

What are your plans for a career after you complete your college program?

PERSONAL

Share any other information to support your desire for the scholarship.

All the information provided in this application is true to the best of my knowledge. I understand that any false information given may disqualify me from consideration for and participation in this scholarship. Also, I have read and am willing to comply with all the stipulations of the ASPIRE scholarship recipients.

Applicant's Signature

Today's Date