



Central Arkansas Development Council

Customer Intake Form – Single Parent Scholarship Fund

Today's Date: _____

Name: _____

SSN: _____ Date of Birth: _____ Age: _____ Email _____

Disabled: Yes No Ethnicity: Hispanic or Latino NOT Hispanic or Latino

Gender: Male Female Veteran: Active Veteran No

Race: American Indian or Alaskan Native Asian Black White Multi Race Other

Native Hawaiian and Other Pacific Islander

Education: 0-8th 9th-12th (Non-Grad) High School/GED

12+Some Post-Secondary 2 or 4 year College Grad Graduate of other post-secondary

Health Insurance: Medicaid Medicare State Children's Health Insurance Program None

State Insurance for Adults Military Health Care Direct Purchase Employment Based

When & Where You Last Worked: _____

Home Address: _____ City _____ State _____ Zip _____

County _____ Phone _____ Secondary Phone _____

Mailing Address: _____ City _____ State _____ Zip _____

Housing: Own Rent Other Permanent Housing Homeless Other _____

Housing Type: House Apartment Duplex Mobile Home Other _____

Household Type: Single Person Two Adults NO Children Single Parent Female

Single Parent Male Two Parent Household Non-related adults with children

Multi-generational household Other _____

Household size: 1 2 3 4 5 6+

Marital Status: Single Married Divorced Separated Widowed

Income

Household Member	Income Source	Gross Amount

Non Cash Benefits: SNAP _____ WIC LIHEAP Housing Choice Voucher
Public Housing Permanent Supportive Housing HUD-VASH Childcare Voucher
Affordable Care Act Subsidy Other _____

Please List All Household Members EXCEPT the Applicant on the front page

Name: _____

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When & Where Last Worked: _____

Have you ever received a Single Parent Scholarship from CADC? : Yes No If yes, When? _____

Have you applied for a Pell Grant? Yes No If yes, Do you know the amount? _____

Are you currently attending college or school? Yes No If yes, How many credit hours have you completed toward your degree/diploma? _____

1. List the schools attended or training received. Give names and dates. Identify degree or number of credits earned. _____
2. What college or school do you now attend or plan to attend? _____
3. What college or school do you now attend or plan to attend? _____
4. What course of study (major) do you plan to pursue? _____
5. When do you plan to graduate? _____
6. Will you be a full time or part time student? _____
7. How many credit hours do you now take or plan to take? _____
8. Will you be working for income while you go to school? _____
9. If yes, How many hours each week? _____

I am a CADC Employee I am a CADC Board Member

I am a family member of a CADC Employee or Board Member Relationship _____

- I understand that the disclosure of my Social Security Number is Voluntary and will be used for identification purposes only.
- I understand that information will be kept strictly confidential unless its release is authorized by me in writing.
- I certify that the above information is true and correct
- I understand that general statistical information compiled with other households will be used to create a report for funding sources.

Applicant Signature _____ Date _____

CADC Employee Signature _____ Date _____

Office/Center/ Program _____

Notes:
