

Single Parent Scholarship Application

Florida Parent-Educators Association

(Please provide your specific curriculum needs on the reverse side.)



Date: _____ FPEA Membership Number: _____
Name: _____
Address: _____
City & State: _____ ZIP: _____
How Long Have You Lived at This Address? _____
Daytime Phone: (_____) ____ - _____ Alternate Phone: (_____) ____ - _____
Status: Single Divorced Widowed Separated - How Long? _____
Number of Children Living With You: _____ Ages: _____
Number of Children Being Homeschooled: _____ Ages: _____
How Long Homeschooling: _____ Household Income (less than \$20k/yr): _____

Please Provide Three References:

(Please also provide at least one letter of reference from a support group leader or homeschool family.)

<u>Name:</u>	<u>Address:</u>	<u>Phone No.:</u>
1. _____	_____	_____
<i>Reference's relationship to applicant:</i> _____		
1. _____	_____	_____
<i>Reference's relationship to applicant:</i> _____		
1. _____	_____	_____
<i>Reference's relationship to applicant:</i> _____		

I, _____, do hereby acknowledge I am a member of the Florida Parent-Educators Association, I am a single parent, I am currently homeschooling at least one of my own children, and my home education program is in compliance with Florida statutes. My signature attests to the fact that all the information I have provided is correct and true to the best of my knowledge.

Signature Date

Return Your Completed Application and Requested Documentation to:
Attn: SPSA, Florida Parent-Educators Association,
255 East Drive, Suite H, Melbourne, FL 32904 (1-877-ASK-FPEA)