



in partnership with

**Arkansas Department of Higher Education / Single Parent Scholarship Project**

**AFFILIATE PARTICIPATION AGREEMENT**

(please return signed agreement by September 18, 2009)

This signed agreement is required of each ASPSF affiliate which desires to participate in the ADHE/ASPSF Scholarship Project. ASPSF commits to provision of ADHE funding to the affiliate for as long as funding is available and as long as the affiliate maintains good standing within the network.

- The affiliate herein agrees to **expend all ADHE funds for scholarships only by June 30, 2010 or will return unexpended balances to ASPSF.**
- The affiliate also agrees to **provide the student information listed below to verify distribution of these funds within two weeks (fourteen days) of scholarship award disbursal.**

- *Name*
- *Social Security Number*
- *Date of Birth*
- *County of Residence*
- *Institution of Higher Learning*
- *Race*
- *Gender*
- *Amount of Scholarship Award*

Reporting of the following information is optional, but might be gathered on awardee's application:

- *High School Attended*
- *ACT Test Score (or ACT equivalent)*
- *GED Test Score*
- *Cumulative GPA (High School and/or College)*

I, \_\_\_\_\_, acting on behalf of the Single Parent Scholarship Fund of \_\_\_\_\_ County/Countries, agree to the participation of our affiliate in the ASPSF/ADHE Scholarship Project. We will meet all reporting requirements, as listed above.

\_\_\_\_\_  
SPSF Board Chairperson/President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ralph H. Nesson, Executive Director, ASPSF

\_\_\_\_\_  
Date