

Arkansas Single Parent Scholarship Fund  
Affiliate Board of Directors - Information Update

**SPSF Affiliate Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**County (counties) served:** \_\_\_\_\_

**Board of Directors** (please attach current Board List with the following information or use attached format)

- Name
- Mailing Address
- City, Zip
- Email address
- 
- Professional Title
- Organization or Company Name
- 
- Home phone
- Work phone
- Cell phone
- Fax line

**Board Officers**

- Chair/President: \_\_\_\_\_
- Vice-Chair/President: \_\_\_\_\_
- Secretary: \_\_\_\_\_
- Treasurer: \_\_\_\_\_

**Fiscal Sponsor Organization or Agency:** \_\_\_\_\_

- Fiscal Agent Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_
- Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Board Member Roles/Responsibilities**

**Communications from ASPSF will be directed to the Board Chair/President and others as indicated below:**

Person(s) responsible for the following:

- Scholarship Award Report (each semester): \_\_\_\_\_
- Annual Follow-up Report: \_\_\_\_\_
- "Request for Matching Funds" / financials: \_\_\_\_\_
- Contact person(s) on ASPSF Affiliate Web Page: \_\_\_\_\_
- Other contact (please specify) \_\_\_\_\_

**Submitted by:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Board Member responsible for updating records)

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