



Arkansas Single Parent Scholarship Fund
Board of Directors

Membership Application

First Name	M.I.	Last Name	Title(s)
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Mailing Address	City	State	Zip
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Day Phone	Evening Phone	Cell Phone
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Email Address _____

Occupation	Job Title	Employer
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EDUCATION. On the lines below, indicate your educational background. Special knowledge, skills, training or non-traditional education may also be included:

VOLUNTEER SERVICE. Please indicate below your previous volunteer experience such as participation in religious organizations or clubs; civic organizations or clubs; and/or any other volunteer service. (note offices held):

COMMITTEES. Please check one or more committees that you might wish to serve on:

- | | |
|--|--|
| <input type="checkbox"/> Board Development | <input type="checkbox"/> Personnel |
| <input type="checkbox"/> Finance & Investment | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Constitution & Bylaws | <input type="checkbox"/> Executive Committee |
| <input type="checkbox"/> Planning | |

Areas of personal skill/strength you possess that you feel will be beneficial to this Board (optional):

I have familiarized myself with the mission and structure of the Arkansas Single Parent Scholarship Fund and declare my interest in serving on its Board of Directors.

Signature _____

Date _____

Return completed form to: Ralph Nesson, Executive Director, 614 East Emma, Suite 119, Springdale, AR 72764
 rnesson@aspsf.org Fax: (479)927-0755, Phone: (479)927-1402 ext. 11