



SEMESTERAL SCHOLARSHIP AWARD REPORT

This form must be submitted **EACH ACADEMIC SEMESTER** regardless of the frequency of which the affiliate organization awards scholarships and regardless if scholarships were not awarded during the semester. Simply write 'NONE' in the Total Scholarship Dollars Awarded blank if no scholarships were awarded.

In the event that the number or value of total scholarship awards change (e.g. scholarships are revoked or rescinded, etc.), an amended report must be submitted.

COUNTY SERVED: _____

SEMESTER BEING REPORTED:(check one) SPRING SUMMER FALL
REPORTING YEAR: _____

NAME OF ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: AR ZIP: _____

NAME OF PERSON COMPLETING REPORT: _____

PREPARER'S PHONE NUMBER: (____) _____ - _____

PREPARER'S EMAIL ADDRESS: _____

DATE FORM COMPLETED: ____/____/20____

NUMBER & AMOUNT OF SCHOLARSHIPS AWARDED (example 3 @ \$250.00 each)

TOTAL SCHOLARSHIP DOLLARS AWARDED DURING SEMESTER: \$_____

If the total scholarship dollar amount changes, an amended form must be submitted.

MAIL OR FAX REPORT TO:
Ralph H. Nesson, Executive Director
ASPSF
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Springdale, AR 72764
Phone: (479)927-1402
Fax: (479)927-0755