



Arkansas
SINGLE PARENT SCHOLARSHIP FUND

Scholarship Award Report

This form must be submitted **EACH ACADEMIC SEMESTER**. If scholarships were not awarded during the semester write 'NONE' in the Total Scholarship Dollars Awarded. The form is **DUE** following the decision to award the scholarships and no later than the close of each semester.

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event that the number or value of total scholarship awards change (e.g. additional awards, scholarships are revoked or rescinded, etc.), an amended report must be submitted.

County Served: _____

Semester Reported: *SPRING* *SUMMER* *FALL* *YEAR* _____

Affiliate Name: _____

Address: _____

City: _____ State: AR Zip: _____

Number and amount of scholarships awarded (*example 3 @ \$250.00 each*)

Total Scholarship Dollars Awarded during semester: \$_____

Name and position of person completing report

(_____) _____

Telephone

_____ E-mail address

Date submitted: ____/____/____

MAIL OR FAX REPORT TO:
Pat Schram, Executive Assistant
ASPSF
614 E. Emma Ave., Suite 119
Springdale, AR 72764
Phone: (479)927-1402 Fax: (479)927-0755