

ASPSF FORMS

The forms currently used by ASPSF fall into three categories:

- those used to establish new affiliates;
- those used to report affiliate activity throughout the year; and
- one special form required for annual reporting to the ASPSF.

Additional or new forms will be mailed out to affiliates as they are created.

NEW AFFILIATE STATUS FORMS — These two (2) forms are used only when a new affiliate is established or an affiliate is re-organized.

- THE AFFILIATION AGREEMENT This form finalizes the affiliation of county-based organizations with the ASPSF.
- THE SEED GRANT APPLICATION — This form allows new affiliates to obtain start-up funding

FREQUENTLY USED FORMS — These are two (2) forms that affiliates will use one or more times each year according to the affiliate's cycle of fundraising and awarding scholarships.

- THE MATCHING FUNDS REQUEST is used by affiliates to request annual matching support from ASPSF.
- THE SCHOLARSHIP AWARD REPORT is used by affiliates to report to the ASPSF after each semester or term in which scholarships are granted.

ANNUAL REPORTING FORM— This form is created each year and sent to each affiliate in the Spring. It should be completed and returned to the ASPSF no later than April 1st of each year.

- THE ASPSF RECIPIENT FOLLOW-UP REPORT is used by the ASPSF to gather important data about retention, graduation, and employment from the entire population of students benefiting from SPSF programs around the state. A sample cover MEMO is provided at the end of this section.

**AFFILIATION AGREEMENT
ARKANSAS SINGLE PARENT SCHOLARSHIP FUND**

REVISED DECEMBER, 2007

This Affiliation Agreement, effective this ____ day of _____, 200__, is made between the Arkansas Single Parent Scholarship Fund (ASPSF), a nonprofit corporation located at 614 East Emma Avenue, Suite 119, Springdale, Arkansas 72764, and the Board of Directors of the Single Parent Scholarship Fund of _____ County or Counties (Affiliate), with the following contact information:

PRESIDENT OR CHAIR: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

The tax-exempt, nonprofit organization/group (if different from the above) which agrees to serve as Fiscal Manager for the Board of Directors is:

ORGANIZATION NAME: _____

ADDRESS: _____

DIRECTOR: _____

PRIMARY CONTACT (if other than the Director): _____

PHONE: _____ FAX: _____

EMAIL: _____

The ASPSF agrees to:

1. Provide matching grants for all local contributions up to the amount currently allowed, pending availability of funds,
2. Provide on-site technical assistance and other development services, as necessary or requested,
3. Maintain an Internet website on which each affiliate can place contact information, application forms, donation information, and other documents,
4. Present an annual Leadership Development conference or regional Leadership Workshops for the benefit of affiliates,
5. Provide temporary fiscal management service (upon request),

The Affiliate agrees to:

1. Maintain an active Board of Directors representative of all county residents with a recommended minimum of eight members, bylaws and operating plan,
2. Ensure that scholarship awards are provided to county residents who are:
 - a. economically disadvantaged,
 - b. single parents with primary custodial care of at least one child under the age of 18,
 - c. high school graduates or hold the General Educational Development certificate (GED),
 - d. have not previously earned a baccalaureate degree from a four year institution of higher learning, with the exception of candidates for the Masters of Arts Degree in Teaching,
 - e. recipients or applicants of the Federal Pell Grant, and
 - f. enrolled in a post-secondary educational course of study leading to a degree, diploma, or certificate of graduation.
3. Accept responsibility for local fundraising and ensure that scholarships are disbursed on a consistent continuing basis, by semester or annually.
4. Ensure that scholarships are awarded on a fair and equitable basis without consideration of race, religion, ethnicity, age, gender or sexual orientation. Board members may not apply for scholarships; they may not participate in applicant rating or selection if close relatives by blood or marriage are applicants.
5. Ensure proper management of all contributions, grants and other monies made available to the affiliate,
6. Provide timely information to ASPSF concerning the number of scholarships awarded, amount of funds raised and disbursed, demographic data of awardees, success rate of awardees, generated publicity and other information as may reasonably be requested,
7. Administer a Single Parent Scholarship Fund as a free-standing program of post-secondary educational assistance, with no requirements of awardees to participate in other programs or activities beyond the scope of the SPSF.

The undersigned assert that they understand and agree with the above terms of affiliation and have read and understand the attached addendum describing the ASPSF philosophy, definition of terms and explanation of ASPSF policies.

SIGNATURE OF AFFILIATE REPRESENTATIVE

SPSF TITLE

DATE

SIGNATURE OF ASPSF EXECUTIVE DIRECTOR

DATE

ADDENDUM TO AFFILIATION AGREEMENT

PREFACE

This Addendum is intended to clarify terms, requirements, philosophy and other issues concerning affiliation with the Arkansas Single Parent Scholarship Fund. If you have any questions or concerns regarding information in this addendum, please contact the ASPSF Executive Director, phone (479) 927-1402 or e-mail rnesson@jtlshop.jonesnet.org

PHILOSOPHY

1. Our approach to accomplishing the ASPSF mission is to empower community leaders at the county level to establish and operate Single Parent Scholarship Funds. It is our expectation that such empowerment will attract volunteers and resources to the affiliate, all for the purpose of enabling local single parents to complete their post-secondary education and obtain professional, remunerative employment.
2. We expect affiliates to establish supportive relationships with their applicants and awardees for the purpose of empowering them to overcome barriers to self-sufficiency. Support in the form of referrals to other community resources, mentorship, and applicant interviews are encouraged. Any auxiliary programs should be strictly voluntary.
3. We expect that affiliates will avoid nepotism, conflicts of interest and violations of student confidentiality.
4. We invite affiliates to share successful operational strategies with the ASPSF network in order that all within the network can benefit.
5. ASPSF will provide matching grants and developmental supportive services to affiliates with the expectation that they will provide scholarships in a consistent manner, comply with reporting requirements, honor the general eligibility requirements (see Affiliate Agreement Form, page 2, "Affiliate Agrees to...#2), treat all scholarship applicants and awardees with respect, and maintain a positive reputation in the community.
6. ASPSF maintains a "Review and Disengagement" Policy detailing the process by which concern over the operation of an affiliate is measured. Improvements can be required following review which, if ignored, can result in disaffiliation. ASPSF will then make every effort to create a new affiliate in the county under consideration.

DEFINITION AND EXPLANATION OF TERMS

1. **ASPSF:** The Arkansas Single Parent Scholarship Fund is a private, nonprofit organization incorporated in 1990 to "enable single parents to attain self-sufficiency through post-secondary education" (Mission Statement)
2. **AFFILIATE:** The board of directors of a Single Parent Scholarship Fund with membership in the network of Single Parent Scholarship Funds eligible for matching grants and other support services of the ASPSF. An affiliate is identified as the "Single Parent Scholarship Fund of _____ County" (or Counties)

3. **FISCAL MANAGER:** A tax-exempt nonprofit organization willing to accept contributions and expend funds on behalf of the affiliate according to the terms of a Memorandum of Understanding between the affiliate and the fiscal manager. The fiscal manager agrees to provide a complete and accurate income statement or statement of cash flow, upon request
4. **ASPSF INTERIM FISCAL MANAGEMENT:** ASPSF will temporarily assume management of an affiliate's finances until an agreement is reached with a local tax-exempt nonprofit to become ongoing fiscal manager. ASPSF reserves the right to charge an administrative fee of no more than 5% of the affiliate's revenue, as deemed necessary.
5. **AFFILIATE MATCHING GRANT:** Transfer of funds to the affiliate by the ASPSF, an amount based upon donations raised by the affiliate and matched by the ASPSF, subject to a set annual maximum award.
6. **COUNTY OR COUNTIES SERVED:** Each affiliate will represent one or more counties for the purpose of providing scholarships to qualified residents.
7. **BYLAWS AND OPERATING PROCEDURES:** each affiliate will maintain a set of bylaws which governs the operation of its scholarship fund, and a set of operating procedures which describes the process by which awardees are selected and funds are administered.
8. **GENERAL ELIGIBILITY CRITERIA FOR APPLICANTS:** Please refer to Affiliate Agreement, page 2, #2 under "The Affiliate agrees to..."
9. **SPECIFIC ELIGIBILITY CRITERIA FOR APPLICANTS:** Additional requirements set by an affiliate, in accordance with general requirements set by ASPSF, which applicants must meet in order to qualify for a scholarship. All eligibility criteria must be clearly described on applications and all related documents and materials.
10. **STUDENT CONFIDENTIALITY:** The affiliate will maintain and protect the privacy of all applicants, except by a signed written waiver by the applicant. In the event of ASPSF disaffiliation with the affiliate, copies of all scholarship and student records must be provided to ASPSF for transfer to the succeeding affiliate.

REQUIREMENTS

In order for affiliates to remain in good standing, they will:

1. Provide scholarships to eligible applicants in a consistent and fair manner,
2. Submit required forms to the ASPSF by the stated deadlines,
3. Adhere to ASPSF General Eligibility Criteria for Applicants,
4. Agree to utilize up to 5% of ASPSF match for administrative purposes; *ASPSF suggests affiliates use up to 5% of donations for administrative purposes.*
5. Provide financial information to ASPSF from fiscal managers upon request,
6. Should the affiliate dissolve and terminate all activities, the balance of the affiliate treasury will revert to ASPSF until such time as another affiliate for the county is organized. At that time, the treasury balance will be transferred to the new affiliate.
7. Administer a Single Parent Scholarship Fund as a free-standing program of post-secondary educational assistance, with no requirements of awardees to participate in other programs or activities beyond the scope of the SPSF.

REQUEST FOR MATCHING FUNDS

ARKANSAS SINGLE PARENT SCHOLARSHIP FUND

INSTRUCTIONS:

- complete all sections of this form,
- obtain official signatures at bottom of this form,
- attach appropriate documentation of monies raised according to policy outlined on page 2,
- attach copies of news articles or other publicity describing event (if available)
- mail or fax** completed form and supporting materials to:
ASPSF, 614 East Emma Ave., Suite 119, Springdale, AR 72764 FAX: (479) 927-0755
- Maximum matching funds available for each affiliate is \$7,000 (Non-Delta counties) or \$8,000 (Delta counties) per year. *See the matching grant policy on pg. 2 for more information.*

1. County represented: _____

2. Person preparing request:

Name	Phone	Email
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3. Name and address of requesting organization:

4. List the source(s) of contributions and/or the event(s) from which donations were raised:

SOURCE (\$)	DATE	AMOUNT RAISED
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TOTAL AMOUNT RAISED TOWARD THIS REQUEST: \$_____

5. Percentage of local donations/contributions to be used for administration: _____%

6. Percentage of matching funds to be used for administration: _____%

CERTIFICATION

The persons whose signatures appear below certify that all information contained on this Matching Funds Request Form is accurate as reflected in the records of the requesting organization. Signatory agrees to provide additional documentation upon request by ASPSF.

Signature of person submitting request

Title

Date

Signature of fiscal officer

Title

Date

ARKANSAS SINGLE PARENT SCHOLARSHIP FUND MATCHING GRANT POLICY

Donation checks dated ten (10) days before December 31st may be matched **either** in the year stated in the issue date of the check **or** in the following year, as follows:

To request a match of funds in the year stated in the issue date of the check, the matching funds request and applicable documentation must be faxed or post-marked **on or before December 31st of that year**.

To apply the funds toward the following year's match, the money **MUST be deposited on or before January 10th of the following year**. Matching funds request documentation **MUST** include both: (1) photocopy of the donation check or payable instrument, (2) copy of the deposit slip.

Funds issued for all other dates must be requested for match within the year they were issued. All requests must be postmarked by December 31st of the aforementioned issue year to be accepted, except as stated in the first paragraph.

Matching funds will only be awarded upon submission of a complete request packet. A complete request packet includes a completed matching funds request form that is signed and dated by authorized SPSF officials and acceptable documentation supporting the request. Documentation must show proof that donations were actually received by the affiliate and/or deposited into a checking account for the benefit of an affiliate scholarship fund.

Matching grant requests may be made based on total proceeds raised before expenses (gross proceeds). ASPSF does not limit matching grants to only the amount of profit received (net proceeds).

Acceptable documentation includes the following items:

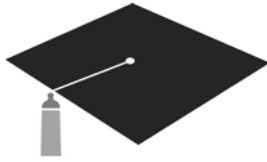
- Photocopy of bank deposit slip showing the affiliate name and address as the account holder. Deposit slips must be filled in and dated. They must also be encoded by a bank teller machine or bank teller stamp. Deposit slips which do not indicate the bank has processed them are not acceptable forms of documentation.
- Photocopies of checks issued to the affiliate. **Checks issued to the fiscal agent must include a memo line or payee line that indicates the donation is intended to benefit the affiliate scholarship fund.**
- Photocopy of official minutes of meetings held by fiscal agency which indicate approval of a donation or transfer of money from the fiscal agency to the scholarship fund.
- Official copies of bank statements or fiscal financial statements **if accompanied by other items as stated above**. Official statements must be dated and labeled with the name of the affiliate scholarship fund.

Documentation which is **not acceptable**:

- Receipts of donations where the receipt is issued by the affiliate scholarship fund or its representatives.
- Photocopies of actual currency or coins without supporting documentation that shows the amount was deposited into the affiliate/fiscal agency checking account for the benefit of the affiliate (see above list of acceptable items).
- Written or verbal pledges from individuals, foundations or businesses.
- Flyers, newspaper articles, photographs or other marketing material indicating a fundraising event did or will take place. **NOTE:** We request these items to be included as secondary material within the matching funds request packet so we may highlight the efforts of affiliate scholarship funds in promotional publications, as well as to archive the history and success of the entire organization.
- Bank statements or fiscal financial statements that are not accompanied by adequate supporting documentation (see list of acceptable items above).
- Deposit slips or deposit receipts which do not have the appropriate information as described in the list of acceptable supporting documentation above.

Failure to provide adequate documentation with the matching funds request will delay fulfillment of the request until adequate documentation is received and/or cause the request to be denied. The original request may be denied if the matching grant application is not completed or supporting documentation is not received by the ASPSF foundation office on or before December 31st of the year for which a matching grant is being requested.

Affiliates that have not submitted previous year Annual Follow-up Reports on or before the report deadline are not eligible to receive matching grants from ASPSF until the report has been submitted. Once the report has been submitted, provided the report is submitted before December 31st of the current year, the matching funds may be released.



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



2010 AFFILIATE FOLLOW-UP REPORT

CONTACT INFORMATION

County(ies) Served: _____ Date Submitted: _____

Affiliate Name: _____

Name of person completing this form: _____

Daytime Phone: (____) _____ Email: _____

INSTRUCTIONS

Your cooperation and time spent completing this report are greatly appreciated. If you need any assistance, or if you have any questions, call [\(479\)927-1402](tel:4799271402) or email pschram@jtlshop.jonesnet.org.

Please submit your completed report no later than April 1, 2011 to remain eligible for ASPSF matching grants.

Only report on activity that occurred in 2010. Report information as completely and accurately as possible.

Procedure for defining scholarship awards:

A scholarship is considered an amount of money given to a student for support of her/his academic pursuit.

The following categories of scholarships are recognized:

- General Need Scholarship - awarded to eligible students during a semester study
- Supplemental Scholarship - an additional amount of money awarded for purposes above and beyond general need.

Below are examples of different types of supplemental scholarship awards:

- merit recognition for academic achievement
- graduation bonus for expenses & employment preparation
- holiday bonus; supply stipends; etc.

Clarifications for reporting scholarship awards:

- For reporting purposes, it is acceptable to report multiple scholarships awarded to the same individual during one semester.
- Multiple payments of scholarship awards in the form of vendor payments, reimbursements, or partial payments based on academic progress, are often used in scholarship disbursements. Multiple payments of a single scholarship are considered one scholarship, regardless of the number of payments made during one semester.
- Selection of scholarship awardees may be based on a set of criteria or restrictions predetermined by an affiliate board. Some affiliates have established multiple types of scholarships within their program, each with a separate set of criteria or restrictions. For reporting purposes, one or more payments to the same person that are awarded under the same set of criteria or restrictions should be counted as **ONE** scholarship. Awards given to the same person under each different set of criteria should be counted individually.
- The funding source of a scholarship is irrelevant to reporting. Only the defined scholarships noted above should be used to determine the number of scholarships to be reported.

SCHOLARSHIPS APPLICATIONS & AWARDS

1. During 2010, what was the total number and dollars given in **general or base scholarships**? These are awards based on the basic eligibility criteria set by your affiliate board.

	NUMBER OF AWARDS	TOTAL DOLLARS AWARDED
A. Spring 2010	_____	_____
B. Summer 2010	_____	_____
C. Fall 2010	_____	_____
D. TOTAL NUMBER	_____	_____

2. During 2010, what was the total number and dollars given in **supplemental or merit scholarships**? These are awards that may have other stipulations or restrictions or are awarded for other purposes beyond a base or general scholarship (may include graduation or holiday bonuses, recognition of academic achievement, supply stipends, etc.)

	NUMBER OF AWARDS	TOTAL DOLLARS AWARDED
A. Spring 2010	_____	_____
B. Summer 2010	_____	_____
C. Fall 2010	_____	_____
D. TOTAL NUMBER	_____	_____

3. How many **eligible applicants** were **not awarded** scholarships due to lack of SPSF funding?

A. Spring 2010	_____
B. Summer 2010	_____
C. Fall 2010	_____
D. TOTAL NUMBER	_____

SCHOLARSHIP AWARDEES & THEIR CHILDREN

4. How many people received scholarships in 2010? **Count each person only once**, as some individuals may have received more than one scholarship during the year.

A. Female	_____
B. Male	_____
C. TOTAL NUMBER	_____

5. Of the total number of awardees (**Question 4-C**):

A. How many were first time SPSF awardees in 2010?	_____
B. How many received an award prior to 2010?	_____

6. Of the total number of awardees (**Question 4-C**), how many are members of each of the following racial groups?

A. Black American	_____	D. Native American	_____
B. Hispanic	_____	E. Caucasian	_____
C. Asian	_____	F. Other / Unknown	_____
		G. TOTAL (A-F)	_____

7. Of the total number of awardees (**Question 4-C**), how many were in each of the following age groups?

A. Age 20 or younger	_____	D. Age 36 or older	_____
B. Age 21 to 24	_____	E. Age unknown	_____
C. Age 25 to 35	_____	F. TOTAL (A-E)	_____

8. What was the total number of minor children (under age 18) living with 2010 awardees? _____

AWARDEE STATUS

9. For each of the students reported in **Question 4-C**, (*count each student in only once*) what was their educational status **at the end of 2010**:

- A. Did not graduate and plan to continue in school in 2011. _____
- B. Graduated with a degree or technical/vocational certification in 2010, regardless of whether they chose to continue in school. _____
- C. Dropped from school. _____
- D. Educational status was unknown at the time of follow-up. _____

10. Of the number of graduates in 2010 (**Question 9-B**), indicate below whether or not they are continuing in school, and their employment status and economic status. Use the 2010 Federal Poverty Guidelines below to find each student's current economic level.

Number of people in the household	Poverty guideline
1	\$10,830
2	14,570
3	18,310
4	22,050
5	25,790
6	29,530
7	33,270
8	37,010
For families with more than 8 persons, add \$3,740 for each additional person.	

	Of the people who graduated in 2010 (Question 9-B) are:	Continuing in School	Not Continuing in School
EMPLOYMENT STATUS	Working full-time		
	Working part-time		
	Unemployed		
	Employment status unknown		
ECONOMIC STATUS	Of the people who graduated in 2010 (Question 9-B) are:	Continuing in School	Not Continuing in School
	Household income is above poverty level		
	Household income is at poverty level		
	Household income is below poverty level		
	Household income level or household size is unknown		

11. Of the number of students who dropped in 2010 (**Question 9-C**), indicate how many gave each of the following as the **main reason** for withdrawing. **Use only one reason for each student.**

- A. Financial reasons _____
- B. Moved out of the area _____
- C. Married _____
- D. Failure to make academic progress _____
- E. Health issue or death of awardee or close family member _____
- F. Unknown reason _____

For continued eligibility to receive ASPSF matching grants, submit this report no later than April 1, 2011.

ATTN: Pat Schram, Executive Assistant,
 ASPSF, 614 East Emma Avenue, Suite 119, Springdale, AR 72764
Phone: (479) 927-1402 ext. 12 **Fax:** (479) 927-0755 **Email:** pschram@jtlshop.jonesnet.org