

# 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

\_\_\_\_\_ is interested in establishing an affiliate or assuming  
(Name of Organization)

responsibility for a pre-existing affiliate of the Arkansas Single Parent Scholarship Fund  
(ASPSF) in: \_\_\_\_\_.  
(Name of County)

The organization/group (if different from above) agreeing to assume responsibility for fiscal  
administration of this affiliate is: \_\_\_\_\_.  
(Name of Organization/Group)

The sponsoring organization/group agrees to the following criteria:

- Establishment of an active board of directors representative of all county residents with at least eight members;
- Acceptance of responsibility for following ASPSF eligibility guidelines, developing additional eligibility guidelines, applicant selection policies and procedures, publicity, and fund-raising;
- Restriction of scholarship awards to economically disadvantaged single parents with custodial care of children under the age of 18. Recipients shall not have previously earned a diploma from a four-year institution of higher learning with the exception of candidates for the Masters of Art in Teaching;
- Fiscal management of all contributions, grants, requests, and other moneys made available to the affiliate;
- Annual disbursement of scholarships on a regular per semester/quarter basis; and
- Periodic provision of information to the ASPSF concerning the number of scholarships awarded, amount of funds raised and disbursed, success rate of recipients, publicity generated, and other information as may be reasonably requested.

Scholarships shall be awarded on a fair and equitable basis without consideration of race, religion, ethnicity, or sex. Board members may not participate in the applicant rating or selection of a close relative by blood or marriage.

ASPSF agrees to:

- Match all funds raised locally to the maximum amount currently allowed pending availability of funds;
- Provide on-site technical assistance upon request;
- Maintain an Internet website ([www.aspsf.org](http://www.aspsf.org)) where each county affiliate may make available contact information, application forms, and other materials; and

- Present a Leadership Development Conference, free of charge, to members of affiliate boards.



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(Name of Person Submitting Form)

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(Mailing Address)

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(Telephone) (Fax) (E-mail)

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(Date Signed)

**ARKANSAS SINGLE PARENT SCHOLARSHIP FUND  
SEED GRANT APPLICATION**

1. Name of Applicant Organization \_\_\_\_\_

2. Name and Position/Title of Individual Completing this Application \_\_\_\_\_

3. County Represented by Applicant \_\_\_\_\_

4. Mailing Address:

Address	City	State	Zip
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5. Telephone, Fax, Email

Telephone	Fax	Email
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6. Date on Which Affiliate Board was Established \_\_\_\_\_

7. Number of Persons Serving on the Board \_\_\_\_\_

8. Estimated Date of First Scholarship Distribution \_\_\_\_\_

9. Anticipated Uses of Seed Grant (printing, postage, bookkeeping, mileage reimbursement, office supplies, and direct scholarships)

USE	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Signature of Board President**

**Date**

# MATCHING FUNDS REQUEST FORM

## ARKANSAS SINGLE PARENT SCHOLARSHIP FUND

INSTRUCTIONS: Please fill out this form completely and return to the Director of the Arkansas Single Parent Scholarship Fund at least fourteen days prior to the date on which your organization will disburse funds.

1. Name & Address of Requesting Organization

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2. Person Submitting Request \_\_\_\_\_

3. County Represented \_\_\_\_\_

4. Total of Contributions Raised Toward this Request \_\_\_\_\_

5. If Source of Contribution(s) was an **Event** , please attach a copy of any news article or other publicity describing the event and complete the following:

EVENT	DATE	AMOUNT RAISED
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6. For Contribution(s) from **individuals, organizations, or businesses**, please attach photocopies of check(s) and complete the following:

SOURCE	DATE	AMOUNT
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7. Percentage of Local Funds to be Used for Administration \_\_\_\_\_

## CERTIFICATION

The persons whose signatures appear below certify 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 back-up information upon request by ASPSF.

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Signature of Person Submitting Request

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Title

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Date

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Signature of Fiscal Officer

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Title

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Date

**PLEASE MAIL OR FAX TO:**  
**Ralph H. Nesson, Executive Director**  
**ASPSF**  
**614 E. Emma, Suite 119**  
**Springdale, AR 72764**  
**(479)751-1110**



## SEMESTERLY 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  
614 E. Emma, Ste. 119  
Springdale, AR 72764  
Phone: (479)927-1402  
Fax: (479) 751-1110

**Arkansas Single Parent Scholarship Fund  
ANNUAL AFFILIATE FOLLOW-UP REPORT  
FOR YEAR 2004**

**Instructions:** Only report on activity that occurred in 2004. Report information as completely and accurately as possible. If you need assistance completing this form, or if you had any questions, call (479)927-1402 or email [cwomack@jtlshop.jonesnet.org](mailto:cwomack@jtlshop.jonesnet.org). Please submit your completed report no later than May 1, 2005 to be considered eligible for matching funds. Your cooperation and time were greatly appreciated.

County Served: \_\_\_\_\_ Date Submitted: \_\_\_\_/\_\_\_\_/200\_\_

<b>SECTION A  CONTACT INFORMATION</b>	Affiliate Name: _____  Name of person completing this form: _____  Phone: (____)_____ Email: _____
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<b>SECTION B  APPLICANTS</b>	A. How many scholarship applications were received in 2004?	<ul style="list-style-type: none"> <li>• Spring 2004 _____</li> <li>• Summer 2004 _____</li> <li>• Fall 2004 _____</li> </ul>	TOTAL NUMBER _____
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<b>SECTION C  SCHOLARSHIPS</b>	B. Did your organization award scholarships in 2004? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	C. Did your organization award additional scholarships, such as graduation bonuses or GPA bonuses? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	D. What was the total number of awards given (include scholarships and any bonuses)?	<ul style="list-style-type: none"> <li>• Spring 2004 _____</li> <li>• Summer 2004 _____</li> <li>• Fall 2004 _____</li> </ul>	TOTAL NUMBER _____
	E. What was the total dollar value of awards given (include scholarships and any bonuses)?	<ul style="list-style-type: none"> <li>• Spring 2004 \$ _____</li> <li>• Summer 2004 \$ _____</li> <li>• Fall 2004 \$ _____</li> </ul>	TOTAL VALUE \$ _____

<b>SECTION D  RECIPIENTS &amp; THEIR CHILDREN</b>	F. Number of students who received scholarships in 2004. <i>Count each person only once.</i> _____		
	G. How many 2004 recipients were: <i>The totals of male and female recipients should equal the number in question F above.</i>	Female _____	Male _____
	H. What was the average age of all 2004 recipients? <i>Add the ages of all recipients and divide by the number reported in question F.</i> _____		
	I. How many recipients were members of each of the following ethnic groups?	<ul style="list-style-type: none"> <li>• Caucasian _____</li> <li>• Black American _____</li> <li>• Hispanic _____</li> <li>• Asian _____</li> <li>• Native American _____</li> </ul>	
	J. What was the total number of children under age 18 living in the homes of 2004 scholarship recipients? _____		
	K. What was the average age of the children reported in question J above? <i>Add the ages of the children and divide by the number of children.</i> _____		

**Arkansas Single Parent Scholarship Fund  
ANNUAL AFFILIATE FOLLOW-UP REPORT  
FOR YEAR 2004**

County Served: \_\_\_\_\_

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<p><b>SECTION E</b></p> <p><b>GRADUATION &amp; RETENTION</b></p>	<p>L. Of the number of 2004 scholarship recipients reported in <b>question F</b> above, how many:</p>	<p>Still attended school _____</p> <p>Graduated in 2004 _____</p> <p>Dropped out in 2004 _____</p> <p>Had education status unknown _____</p>
	<p>M. Of the number of graduate recipients reported in <b>question L</b> above, how many were employed? _____</p>	
	<p>N. Of the number reported in <b>question M</b> above, indicate how many graduate recipients fall into each of the following income categories:</p>	<ul style="list-style-type: none"> <li>• &lt; \$15,000 _____</li> <li>• \$15,000-\$20,000 _____</li> <li>• \$20,000-\$30,000 _____</li> <li>• \$30,000-\$40,000 _____</li> <li>• &gt; \$40,000 _____</li> <li>• Income unknown _____</li> </ul>
	<p>O. Of the number reported in <b>question M</b> above, indicate how many graduate recipients earn above, at or below poverty level:</p>	<ul style="list-style-type: none"> <li>• Above poverty level _____</li> <li>• At poverty level _____</li> <li>• Below poverty level _____</li> <li>• Income unknown _____</li> </ul>
	<p>P. Of the number of graduate recipients reported in <b>question L</b> above, how many were continuing their education? _____</p>	
	<p>Q. Of the number of graduate recipients reported in <b>question L</b> above, how many had an education status that was unknown? _____</p>	<p>(If <u>none</u> or <u>not applicable</u>, enter 0)</p>
	<p>R. Of the number of recipients who dropped out, as reported in <b>question L</b> above, how many were employed? _____</p>	<p>(If <u>none</u> or <u>not applicable</u>, enter 0)</p>
	<p>S. Of the number of recipients reported in <b>question R</b> above, how many were employed at above poverty level? _____</p>	
	<p>T. Of the number of recipients reported in <b>question L</b> above who dropped out, how many had an employment status that was unknown? _____</p>	
	<p>U. What were the reasons given for the recipients having dropped out of school? Circle all that apply.</p>	<ul style="list-style-type: none"> <li>• Financial reasons</li> <li>• Moved</li> <li>• Married</li> <li>• Medical</li> <li>• Failure to make academic progress</li> </ul>
	<p>V. If "Moved" was circled in <b>question U</b> above, did they move to another county in Arkansas? _____</p>	<p><input type="checkbox"/> YES; Were they referred to another SPSF? Yes ____ No ____</p> <p><input type="checkbox"/> NO</p>

**To be considered eligible for ASPSF Matching Grants in 2005,  
you must submit this report no later than May 1, 2005.**

Please submit your report:  
ATTN: Christina Womack  
(479)751-1110  
ASPSF, 614 East Emma Avenue, Suite 119, Springdale, AR 72764