

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:

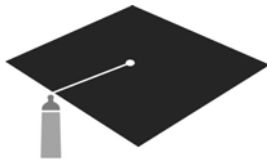
- Photocopy of bank deposit slip showing the affiliate name and address as the account holder. Deposit slips must be filled in and dated. They must also be encoded by a bank teller machine or bank teller stamp. Deposit slips which do not indicate the bank has processed them are not acceptable forms of 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)927-1402-9 Fax: (479)927-0755

Arkansas Single Parent Scholarship Fund ANNUAL AFFILIATE FOLLOW-UP REPORT FOR YEAR 2008

Instructions: Only report on activity that occurred in 2008. Report information as completely and accurately as possible. If you need assistance completing this form, or if you have any questions, call (479)927-1402 or email pschram@itlshop.jonesnet.org. Please submit your completed report no later than May 15, 2009 to be considered eligible for matching funds. Your cooperation and time are greatly appreciated.

County Served: _____

Date Submitted: ____/____/200__

SECTION A	Affiliate Name: _____	
CONTACT INFORMATION	Name of person completing this form: _____	
	Phone: (____) _____	Email: _____
SECTION B		
APPLICANTS	1. How many scholarship applications were received from eligible applicants in 2008?	A. Spring 2008 _____ B. Summer 2008 _____ C. Fall 2008 _____ D. TOTAL NUMBER _____
SECTION C		
SCHOLARSHIPS & AWARDS	2. What was the total number of scholarships given? (Include any special merit or bonus awards that may have been given to students in addition to regular scholarship awards.)	A. Spring 2008 _____ B. Summer 2008 _____ C. Fall 2008 _____ D. TOTAL NUMBER _____
	3. What was the total dollar value of scholarships given? (Include any special merit or bonus awards that may have been given to students in addition to regular scholarship awards.)	A. Spring 2008 \$ _____ B. Summer 2008 \$ _____ C. Fall 2008 \$ _____ D. TOTAL VALUE \$ _____
SECTION D		
RECIPIENTS & THEIR CHILDREN	4. How many recipients received scholarship in 2008? <i>Count each person only once.</i>	A. Female _____ B. Male _____ C. TOTAL PEOPLE _____
	5. What was the average age of all 2008 recipients? <i>Add the ages of all recipients and divide by the number reported in Question 4-C.</i>	_____
	6. How many recipients were members of each of the following ethnic groups?	A. Black American _____ B. Hispanic _____ C. Asian _____ D. Native American _____ E. Caucasian/Other _____ F. Unknown/No Answer _____
	7. What was the total number of children under age 18 living in the homes of 2008 scholarship recipients?	_____

Arkansas Single Parent Scholarship Fund ANNUAL AFFILIATE FOLLOW-UP REPORT FOR YEAR 2008

County Served: _____

Page 2

**SECTION E
GRADUATION
&
RETENTION**

8. Of the total number of 2008 recipients (**Question 4-C**) how many were:

A. Undergraduates who were continuing school _____

B. Graduates of a degree or technical program in 2008 _____

C. Dropped from school in 2008 _____

D. Previous recipients who are continuing in school but did not reapply for or became ineligible to receive an SPSF scholarship in 2008 _____

9. Of the number of **dropped students** reported in **Question 8-C** above, indicate how many earn above, at or below poverty level: *Count number of people in household then refer to Federal Poverty Guidelines. If none or not applicable, enter 0.*

A. Above poverty level _____

B. At poverty level _____

C. Below poverty level _____

D. Income unknown _____

10. What were the reasons given for the recipients having dropped out of school? Check all that apply.

Financial or health reasons

Moved

Married

Failure to make academic progress

Other _____

11. If "Moved" was checked in **Question 11** above, did they move to another county in Arkansas?

YES; Were they referred to another SPSF? Yes ___ No ___

NO

12. Of the number of **graduate students** reported in **Question 8-B** above, indicate their current financial and employment status below. **NOTE:** Each graduate student should have one tally for economic status and one tally for financial status. A - D & a - d should tally to equal 8-B. E - Q should equal the tally of A - D; e - q should equal the tally of a - d.

	Economic Status		Financial Status	
	Count number of people in household then refer to Federal Poverty Guidelines.		Part Time Work	Full Time Work
Graduated but continuing in school:	A. Above poverty level	_____	E. < \$15,000	_____
	B. At poverty level	_____	F. \$15,000-\$20,000	_____
	C. Below poverty level	_____	G. \$20,000-\$30,000	_____
	D. Income or number in household unknown	_____	H. \$30,000-\$40,000	_____
			I. > \$40,000	_____
			J. Income unknown	_____
		Q. Time recipient spends at work is unknown _____		
Graduated but not continuing in school:	a. Above poverty level	_____	e. < \$15,000	_____
	b. At poverty level	_____	f. \$15,000-\$20,000	_____
	c. Below poverty level	_____	g. \$20,000-\$30,000	_____
	d. Income or number in household unknown	_____	h. \$30,000-\$40,000	_____
			i. > \$40,000	_____
			j. Income unknown	_____
		q. Time recipient spends at work is unknown _____		

To be considered eligible for ASPSF Matching Grants in 2009, you must submit this report by fax or mail no later than May 15, 2009.

ATTN: Pat Schram, Executive Assistant
ASPSF, 614 East Emma Avenue, Suite 119, Springdale, AR 72764
Fax: (479) 927-0755 Phone: (479) 927-1402