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

5. Telephone, Fax, Email

   _____

   Telephone Fax Email

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**