

SPSF Affiliate Name: _____

Primary SPSF Mailing Address: _____ **City:** _____ **Zip:** _____

County (counties) served: _____

Executive Director (if applicable): _____ **Email:** _____

501(c)(3) Federal Tax ID (independent affiliates only): _____

Board of Directors: *Please provide current SPSF Affiliate Board member information as follows:*

STEP 1: Record complete contact information for all current SPSF Board members in the Scholarship Management System (SMS). Login to <https://manage.aspsf.org> and click on the Contacts dashboard. For SMS support, contact Chris Womack at cwomack@aspsf.org or (479)927-1402 xt. 10.

STEP 2: Complete and submit the information requested on the following pages.

ASPSF will direct internal communication to your Exec. Director, Board Chair, Board Treasurer and/or others as you indicate below:

SPSF Board Officers

- o Chair/President: _____
- o Vice-Chair/President: _____
- o Secretary: _____
- o Treasurer: _____

Board Member Roles/Responsibilities (board members or volunteers who are responsible for the following tasks)

- o SMS Account Management:
 - Scholarship Award Records & Reports (each semester): _____
 - Annual Follow-up Report (each year): _____
 - Board Contact Records (if other than the Board Secretary): _____
- o ASPSF Financial reports and management (if other than the Board Treasurer): _____
- o Primary people and contact information to be listed on your Affiliate web page at <http://www.aspsf.org>. The information you provide below will be posted on our public website. **Be sure to confirm with each person before listing private or work-related contact information.** Contact people should be available to answer inquiries and questions from website visitors (e.g. students, donors, media).

Name: _____

Email: _____

Phone: _____

Fax: _____

Affiliate website address (if other than aspsf.org): _____

(Be sure to complete information on Page 2)

SPSF Affiliate Name _____ Date _____

Board Member's Full Name	Professional Title <i>(leave blank if retired/not working)</i>	Name of Employer <i>(leave blank if retired/not working)</i>
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By signing below, I certify that all information contained on this form is complete and accurate. I have verified that complete and accurate contact information for all current Affiliate SPSF board members has been updated in the Scholarship Management System at <https://manage.aspsf.org>.

Submitted by: _____ SPSF Title: _____ Date: _____
(SPSF Affiliate Member)

Please submit by email attachment to:
cwomack@aspsf.org

Mail to:
 614 E. Emma Ave., Ste. 119, Springdale, AR 72764

Fax to:
 (479) 927-0755