

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, fax or email** completed form and supporting materials to: **Pat Schram, pschram@aspsf.org 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 |

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 (S) | DATE | AMOUNT RAISED |
|------------|------|---------------|
|------------|------|---------------|

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 |

OFFICE USE ONLY:

ODB SMS

Match =

Balance =