

# Single Parent Scholarship Fund of Pulaski County Alumni Council

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone # \_\_\_\_\_ (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w)

Place of employment: \_\_\_\_\_

Job title/Description: \_\_\_\_\_

Children:

Name

Age

M/F

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

College Attended: \_\_\_\_\_ Major: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Professional Organizations/Civic Groups you belong to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In 50 words or less, what was the most unique thing about the SPSF scholarship and/or why do you want to give back to the organization.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return to:  
Diann S. Siegele  
P.O. Box 250102  
Little Rock, AR 72201  
Or FAX (501) 324-2236