

Date of Application: \_\_\_\_\_ Restaurant Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Name of Promotion: SERVING UP SCHOLARSHIPS

Description of Promotion: \_\_\_\_\_  
*20% of all sales on \*date(s) of event\* will be donated to SPSF NWA or: 20% of all sales on \*date(s) of event\* will be donated to SPSF NWA \*Please note whether alcohol is included in "all sales."*

Date/Time/Location: \_\_\_\_\_

Projected Donation: \_\_\_\_\_

Publicity/Promotion: \_\_\_\_\_  
*(Please list all areas, i.e. brochures, radio, print ads, television, etc.)*

Assistance needed from SPSF NWA:

\_\_\_\_\_

*Applicant has read the attached Guidelines for Restaurant Partners to benefit Single Parent Scholarship Fund of Northwest Arkansas and agrees to abide by them. Applicant understands that approval must be granted by SPSF NWA and a Letter of Agreement must be executed by the parties before Applicant can plan or promote the proposed event. SPSF NWA shall not be liable to any vendor or other third party for any fees, costs, or payments of any kind associated with the event, and Applicant agrees to indemnify and hold harmless SPSF NWA against any such claims by third parties or vendors for said fees, costs, or payments.*

Applicant Signature:

\_\_\_\_\_ Date \_\_\_\_\_

Please read the attached guidelines before completing this application.  
Once completed, send the application to:

**Single Parent Scholarship Fund of Northwest Arkansas**  
**601 W. Dickson St. Suite 2**  
**Fayetteville, AR 72701**

You may fax the application form to (479) 439-1179 or e-mail [anne@spsfnwa.org](mailto:anne@spsfnwa.org)  
Please call (479) 935-4888 if you have any questions about the guide.