



Matching Grant Program Application Form

The Allstate Foundation intranet Web site - <http://cr/foundation/indexmgrp.htm>

Part A

Must be completely filled out by Allstate employee, exclusive agent, or exclusive financial specialist.
(Submitted applications must have original signatures.)

(PLEASE PRINT OR TYPE)

Allstate applicant: _____

SAP Personnel Number (Employee): _____

Agent Number: _____

Office address: _____

Work phone: _____

Home address: _____

City: _____

State, Zip: _____

Name of institution: _____

Address: _____

City: _____

State, Zip: _____

Date: _____

Amount: _____

I have read the provisions of The Allstate Foundation Matching Grant Program and attest that this gift is made according to the guidelines set forth.

Signed _____

Part B

To be completed by academic institution and signed by its program manager.
(Submitted applications must have original signatures.)

I hereby confirm that a gift of \$_____ was received. This Institution is qualified to receive a matching gift under the Provisions of The Allstate Foundation Matching Grant Program For Higher Education. **The Matching grant will be directed to the general scholarship fund.**

Signature of Program Manager *Date*

Name (Printed or typed)

Title

Name of institution

Complete mailing address of institution

Phone Number

Complete immediately and mail to:

Matching Grant Program
The Allstate Foundation
2775 Sanders Road, Suite F4
Northbrook, IL 60062-6127

Inquiries may be directed to: (847)402-5774

Applications received between August 1, 2006 and August 1, 2007 will be processed during August 2007. Checks will be mailed in October 2007.