



**Allstate**<sup>®</sup>

Foundation

**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.)**

\_\_\_\_\_  
**Allstate applicant**

\_\_\_\_\_  
**SAP Personnel Number (Employee)**

\_\_\_\_\_  
**Agent Number**

\_\_\_\_\_  
**Office address**

\_\_\_\_\_  
**City, State, ZIP**

\_\_\_\_\_  
**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**

\_\_\_\_\_  
Complete immediately and mail to:

\_\_\_\_\_  
**Phone Number**

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

**Applications received between August 1, 2009 and August 1, 2010 will be processed during August 2010. Checks will be mailed in October 2010.**

Revised 10/01/09