



**Allstate**<sup>®</sup>

Foundation

### Matching Grant Program Application Form

**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*

\_\_\_\_\_  
*Email Address*

\_\_\_\_\_  
*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 2, 2010 and July 31, 2011 will be processed during August 2011. Checks will be mailed in October 2011.**

Revised 8/4/2010