



## 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.)

(PLEASE PRINT OR TYPE)

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

**Employee number:** \_\_\_\_\_

**Agent/Fin.Specialist Tax ID:** \_\_\_\_\_

**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 signature.)

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:

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, 2001 and August 1, 2002 will be processed during August 2002. Checks will be mailed in October 2002.