

AHFA SOLUTION PARTNERS EDUCATION FUND FINANCIAL-BASED SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

Last Name: _____ First Name: _____

Date of Birth: _____ Social Security No.: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Email Address: _____

Name of post-secondary school attending: _____

PARENT OR LEGAL GUARDIAN INFORMATION

Last Name: _____ First Name: _____

Telephone Number: _____

Relationship: _____

Employer: _____

***I understand that the parent/legal guardian must have at least twelve (12) consecutive months of employment with an AHFA member company.**

HIGH SCHOOL INFORMATION

School: _____ Graduation Date: _____

School Address: _____

City: _____ State: _____ Zip: _____

Please provide the following Support Material (MUST BE TYPED)

- List all work experience during the last four years
- List all academic honors and/or awards
- List all school/non-school related clubs, organizations, memberships, etc.
- List all non-school community volunteer activities

Make a statement (250 words minimum) of plans as they relate to your educational and career objectives and future goals. You may include reasons for your choice of profession, your extracurricular activities, non-financial rewards from your work experience, special strengths, skills or any other information you would like to include.

If applicable, please share any unusual or personal circumstances that have affected your achievement in school, work experience, or your participation in school and community activities.

TRANSCRIPT INFORMATION

High school seniors and students who have completed less than one full semester of post-secondary education must include an official high school transcript.

Students currently enrolled in college or vocation-technical school must include most recent official college or vo-tech transcript.

EMPLOYMENT VERIFICATION (REQUIRED)

To be provided by the Employer of the Parent/Legal Guardian of the Applicant.

Please request a letter on company letterhead from an HR official, addressed to the AHFA Solution Partners Scholarship Program, stating: (1) parent/legal guardian name, (2) length of employment, and (3) statement that he/she is currently employed by the company. The letter must be dated within thirty (30) days of the date of this application. Include the original letter with your application.

FINANCIAL INFORMATION (REQUIRED)

A copy of Parent/Legal Guardian's most recent tax form must be included with this application.

APPLICANT APPRAISAL

This section to be completed by a high school or college counselor, advisor, instructor or supervisor.

Please give serious attention to the following statements. When complete, please return to the Applicant in a sealed envelope.

The Applicant's choice of post-secondary education program is:

extremely appropriate very appropriate moderately appropriate inappropriate

The Applicant's achievements reflect his or her ability:

extremely well very well moderately well not well

The quality of the Applicant's commitment to school and community is:

excellent good fair poor

The Applicant can seek, find and use learning resources:

extremely well very well moderately well not well

The Applicant demonstrates good problem-solving skills, follows through and completes tasks:

extremely well very well moderately well not well

The Applicant's respect for self and others is:

excellent good fair poor

COMMENTS

Appraiser's Name _____ Date _____

Signature _____

APPLICATION CHECKLIST

This application becomes complete and valid only when you have submitted all the following:

- ___ Completed Student Application
- ___ Applicant Appraisal (in sealed envelope)
- ___ All Support Material
- ___ Current Official Transcript
- ___ Parent/Legal Guardian Employment Verification Letter
- ___ Most Recent 1040, 1040A or 1040EZ Tax Form

CERTIFICATION

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted. This application becomes the property of the American Home Furnishings Alliance.

Parent/Legal Guardian Signature _____ Date _____

Applicant Signature _____ Date _____

SEND TO

American Home Furnishings Alliance
Solution Partners Scholarship Program
P.O. Box HP-7
High Point, North Carolina 27261

Postmark Deadline is Midnight, January 31st