

AHFA SOLUTION PARTNERS EDUCATION FUND MERIT-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 academic honors and/or awards
- List all school/non-school related clubs, organizations, memberships, etc.
- List all non-school community volunteer activities
- Include one letter of recommendation from an academic advisor, coach, teacher, etc.
- Essay (500 words)

ESSAY INSTRUCTIONS

Using one of your leadership roles, or an extracurricular activity you prioritized as being important to you, describe what impact the experience had on you, what you learned about yourself, and how it influenced your goals and plans for the future.

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 vocational-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.

APPLICATION CHECKLIST

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

- ___ Completed Student Application
- ___ All Support Material
- ___ Essay (500 words)
- ___ Current Official Transcript
- ___ Parent/Legal Guardian Employment Verification Letter

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 American Home Furnishings Alliance.

Parent/Legal Guardian Signature _____ Date _____

Applicant Signature _____ Date _____

SEND TO

American Home Furnishings Alliance
Solution Partners Scholarship Program
PO Box HP-7
High Point NC 27261

Postmark Deadline is Midnight, January 31st