

Huntingdon College

ALFA Corporate Partnership Program

This scholarship application form is available from the Huntingdon College Office of Admission. The applicant must attach (to this form) a letter from the ALFA Human Resources Office that confirms employment or employee dependent status, as well as appropriate tax forms that verify dependent status if applicant is an ALFA employee's dependent. As a member of the Huntingdon College Corporate Partnership Program with ALFA, you, your spouse, or your legal dependent children may receive a \$12,500 tuition scholarship to attend full-time day classes at Huntingdon College. To receive this benefit, the employee should complete, sign, and return this form to the following address: Huntingdon College, Office of Admission, 1500 E. Fairview Avenue, Montgomery, AL 36106. *If you have questions, please call (334) 833-4497.*

Required Attachment(s):

1. Verification letter from the ALFA Human Resources Office ___ Attached ___ Not Attached
2. If applicant is an ALFA employee's dependent, please attach the most recent tax form that indicates applicant's status as a dependent of a present ALFA employee ___ Attached ___ Not Attached

(These documents must be attached to this form before scholarship application will be processed.)

ALFA Employee Name _____
First Middle Last

Length of time you have worked with ALFA _____

Current Title _____ Daytime Phone _____

E-mail _____

Home Address _____ City _____ State _____ Zip _____

Name of Prospective Student _____
First Middle Last

Birthdate (____/____/____) Your relationship to this student ___ Self ___ Spouse ___ Dependent Child

Home Address _____ City _____ State _____ Zip _____

E-mail _____ Year of High School Graduation _____

Home Phone _____ Cell Phone _____

High School _____ City _____ State _____

Student is applying to Huntingdon College as a ___ freshman or ___ transfer student.

Student is applying for admission to ___ fall term or ___ spring term, year _____

If student is a transfer student, what other colleges has s/he attended? _____

I understand that only my spouse, my legal dependents, or myself may receive this benefit. I understand that the prospective Huntingdon College student must apply and be accepted to Huntingdon College to receive this benefit; the benefit is applicable to attendance in the full-time day program only; the student may not receive other Huntingdon scholarships in addition to the \$12,500 benefit but may receive need-based financial aid or scholarships from other sources in addition to this benefit.

Signature of ALFA Employee _____ Date _____

Signature of Prospective Student _____