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APPLICATION FOR EDUCATION ASSISTANCE

PLEASE COMPLETE THE INFORMATION BELOW AND RETURN THIS FORM IN THE ENCLOSED ENVELOPE. FOR QUESTIONS ABOUT OR ASSISTANCE IN COMPLETING THIS APPLICATION PLEASE CALL ALLAN'S HOPE AT 412-682-2400 OR EMAIL INFO@ALLANSHOPE.ORG AND REFERENCE THE FILE NUMBER LOCATED AT THE BOTTOM OF THIS PAGE. INFORMATION CONTAINED HEREIN IS HELD IN THE STRICTEST CONFIDENCE IN ACCORDANCE WITH OUR PRIVACY POLICY AND IS USED SOLEY FOR THE PURPOSE OF DETERMINING YOUR ELIGIBILITY FOR FINANCIAL ASSISTANCE.

THE MAILING ADDRESS YOU PROVIDE WILL BE USED FOR ALL FUTURE COMMUNICATIONS.

ABOUT THE APPLICANT							
APPLICANT'S NAME:					AGE:		
MAILING ADDRESS:							
CITY:		STATE:		ZIP:		TELEPHONE:	
NAME OF SCHOOL:				INITIAL ENROLLMENT YR:			
CITY:		STATE:		ZIP:		ATTACH A COPY OF YOUR CURRENT CLASS SCHEDULE	

ABOUT YOUR LOSS				
NAME OF PARENT:			AGE AT DEATH:	
DATE OF DEATH		PLACE OF DEATH (CITY, STATE)		

CERTIFICATION		
<p>I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AM ENROLLED AS A STUDENT AT THE ABOVE NAMED SCHOOL ON THIS DATE AND THAT MY EDUCATION EXPENSES ARE BEYOND MY MEANS TO PAY WITHOUT ADVERSE FINANCIAL EFFECTS ON MYSELF AND/OR FAMILY.</p>		
_____	_____	_____
SIGNATURE OF APPLICANT	DATE	EMAIL

FOR OFFICE USE				
FILE NUMBER	DOD CONFIRMATION	REVIEW DATE	AMOUNT	PAYEMENT DATE