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APPLICATION FOR EDUCATION FUND

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 SOLELY 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:				
MAILING ADDRESS:				
CITY:	STATE:	ZIP:	TELEPHONE:	
EMAIL:				

ABOUT YOUR LOSS			
NAME OF DECEASED:		AGE AT DEATH:	
DATE OF DEATH	PLACE OF DEATH (CITY, STATE)		
RELATIONSHIP TO RECEIPTANT:			

ABOUT THE ACCOUNT		<input type="checkbox"/> 529 PLAN	<input type="checkbox"/> COVERDELL ESA
PLAN RECEIPTANT:		ACCOUNT NAME:	
HOLDER OF ACCOUNT:		ACCOUNT NUMBER:	

PLEASE ATTACH A COPY OF YOUR COLLEGE FUND DEPOSIT SLIP OR COMPLETE DEPOSIT INSTRUCTIONS INCLUDING MAILING ADDRESS TO THIS FORM

CERTIFICATION
I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
<p>_____</p> <p>SIGNATURE OF APPLICANT</p>
<p>_____</p> <p>DATE</p>

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