

# **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**