



Date of Application: _____

The Scholars Program™ ENROLLMENT FORM

Program Tuition: \$300

Your enrollment will be assigned to the Chapter nearest your location for processing. You will receive a confirmation by mail with specific details and a schedule of upcoming **Scholars Program™** components once your enrollment has been processed.

SECTION A: Parent Section

Father: _____ DOB: _____ Natural Step-parent

Mother: _____ DOB: _____ Natural Step-parent

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Father: (day) _____ (eve) _____

 Mother: (day) _____ (eve) _____

E-mail Address: _____

Number of Dependents for the student's first college school year (*including the student*): _____

Number of College Students for that school year (*including the student*): _____

How did you hear about our programs? (Check all that apply)

- Referred by _____
- Referred by Guidance Counselor
- AMEDF Website
- Participation in other AMEDF programs

SECTION B: Student Section

Name : _____ DOB: _____ Gender: _____

High School: _____

Graduation Year: _____ Yr to Start College: _____

PSAT _____ SAT _____ SAT II _____ ACT _____ (*if scores are available at the time of application*)

Cumulative GPA (estimate): _____ Rank (estimate): Top 10% Top 25% Top 50%

MyRoad™ account information:

- I already have a Collegeboard.com account. Please create a MyRoad™ account for me using this CollegeBoard account information: This information will be used only to create a MyRoad™ .com account for the student.
username _____ password _____
- I already have a MyRoad™ account, but want AMEDF listed as my current school so that my Scholars Program™ Instructor can help guide me by being able to see *My Plan*. This information will be used only to create a MyRoad™ .com account for the student.
username _____ password _____
- I do not have a CollegeBoard.com or MyRoad™ account. Please create one for me and send me the access information.
Email address: _____

College Major(s) of Interest: _____

College Location: List specific states of interest _____

Colleges currently interested in _____

If you have an instructor you would prefer to work with, please list his or her name below. For information about our instructors, please visit our website at www.amedf.org. Please note that specific instructor requests may not be honored due to capacity and other constraints:

Name of Preferred Instructor: _____

The tuition and membership fee is \$300 for the **Scholars Program™**. \$100 of this \$300 may be tax-deductible as a charitable contribution. Please consult your tax advisor.

Please send your completed enrollment form with tuition to:

AMEDF TUITION-BASED PROGRAMS
P.O. Box 1685, Amherst, NY 14226

PAYMENT OPTIONS:

Check:

PLEASE MAKE CHECKS PAYABLE TO AMERICAN EDUCATION FOUNDATION

Any applicant not accepted for enrollment will have their check returned. Applicants completing the credit card authorization will have their credit card charged only if accepted for enrollment.

Credit Card Authorization: **Scholars Program™ tuition and membership fee \$300**

VISA MC AMEX

Card # _____

CVV2 Code: _____ AMEX: 4 digits on card front

Expiration Date _____

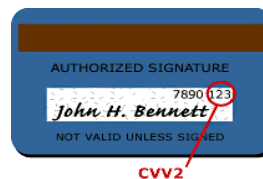
Card Holder Name _____

Billing Address _____

City _____ State _____ Zip code _____

Billing Phone Number (_____) _____

Credit Card Authorization Signature _____



The American Education Foundation is a member of the College Board and the National College Access Network. The AMEDF does not discriminate on the basis of race, gender, nationality, or economic status. All applications for program enrollment will be processed on a first-come, first-served basis. Please note that program availability varies by area, and may be closed without any advanced notice. Applications received after program capacity has been reached will be automatically considered for enrollment in the next term.

AMEDF's financial information may be obtained upon request or from: **Connecticut-** Public Charities Unit c/o Office of the Attorney General, 55 Elm Street, Hartford, CT 06106 **Florida-** A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. 1.800.435.7352 CH18417 **Maryland-** A copy of the current financial statement of American Education Foundation is available by writing PO Box 1685, Amherst, NY 14226 or by calling 716.626.3446. Documents and information submitted under the Maryland Solicitations Act are also available, for the cost of postage and copies, from the Maryland Secretary of State, State House, Annapolis MD 21401, (410) 974-5534. **Massachusetts-** A copy of the current financial statement of American Education Foundation is available by writing PO Box 1685, Amherst, NY 14226 or by calling 716.626.3446. AMEDF's annual financial filings are available for public inspection at the Division of Public Charities, One Ashburton Place, Boston, MA 02108 617-727-2200. Copies may be made for \$.25 per page. **New Jersey-** Information filed with the Attorney General concerning this charitable solicitation may be obtained from the Attorney General of the State of NJ by calling 973-504-6215. Registration with the Attorney General does not imply endorsement. **New York -**the Department of NY State Attorney General's Charities Bureau, Attn: FOIL Officer, 120 Broadway, New York, NY 10271 **North Carolina-** Financial information about this organization and a copy of its license are available from the State Solicitation Licensing Branch at 1-888-830-4989. The license is not an endorsement by the State. **Ohio-** the Charitable Law Section, 150 East Gay Street, 23rd Floor, Columbus, OH 43215 **Pennsylvania-** The official registration and financial information of American Education Foundation may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1 (800) 732-0999. Registration does not imply endorsement. **Virginia-** Copies of financial reports are available from the Virginia Office of Consumer Affairs, P.O. Box 1163, Richmond, VA 23218. Federal EIN 16-1525586

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