**Segal AmeriCorps Education Award**

**Matching ProgramCommitment Form**

This form enrolls an institution of higher education in the Segal AmeriCorps EducationAward Matching Program. For more information, please visit [www.nationalservice.gov/edawardmatch](http://www.nationalservice.gov/edawardmatch) or email EdAwardMatch@cns.gov.

**Section I: Institution Profile Information**

**Name of Higher Education Institution:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your institution’s match or benefit applies toa specific department or school, please listbelow. Otherwise, please note “All”:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution’s Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Contact:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Representativesigningthis form (if different from primary contact above):**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Institution Profile:**

**Institution Type (please check one):**

|  |  |
| --- | --- |
| # Public  |  Private  |

**Types of programs your benefit applies to (check all that apply):**

|  |  |
| --- | --- |
|  2-Year Degree(Associate) |  4-Year Degree (Bachelor) |
| Graduate Degree | Other  |

**Your institution is eligible to award Federal Student Aid Funds based on (check all that apply):**

|  |  |
| --- | --- |
|  Title IV (check eligibility [here](http://www.ifap.ed.gov/ifap/fedSchoolCodeList.jsp)) |  VA Qualified (check eligibility [here](http://gibill.va.gov/resources/education_resources/find_a_School.html)) |

**Is your institution a (check all that apply):**

|  |  |
| --- | --- |
| Faith-Based Institution | Historically Black College/University  |
| Tribal College  | Hispanic-Serving Institution  |

**Hasyour Institution been listed on the** [President’s Higher Education Community Service Honor Roll](http://www.nationalservice.gov/about/initiatives/honorroll.asp)?

|  |  |
| --- | --- |
|  Yes  |  No  |

**Section II: Commitment Level**

The four levels of participation in the Segal AmeriCorps Education Award Matching Program are described below. Please check the appropriate participation level and provide a more detailed description in the space provided below. **Benefits may include the following expenses:**

Waiver of application fee

Books and supplies

Room and board

Tuition and fees payable to the institution

Personal costs, transportation

**Platinum**

My institution will provide an individual benefit valued **between76% and 100%** of tuition expenses to at least one AmeriCorps alumnus each year.

**Gold**

My institution will provide an individual benefit valued **between 51% and 75%**of tuition expenses to at least one AmeriCorps alumnus each year.

**Silver**

My institution will provide an individual benefit valued **between 26% and 50%** of tuition expenses to at least one AmeriCorps alumnus each year.

**Bronze**

My institution will provide an individual benefit valued from a **minimum of $1,000 to 25%** of tuition expensesto at least one AmeriCorps alumnus each year.\*

*\*Please note: Educational institutions must provide a minimum benefit of $1,000 per year to at least one AmeriCorps alumnus to participate in this program. For example, a $1,000 match to one student per year meets program requirements, while a $250 match to four students per year does not meet requirements.*

The average yearly value of all benefitsmy institution awards to AmeriCorps alumni through this program totals:

(If your institution is a new participant, please indicate the total yearly value of the benefits you are committing to provide to AmeriCorps alumni.)

 $1,000 - $5,000 $25,001 - $50,000 $100,001 - $150,000

 $5,001 - $10,000 $50,001 - $75,000 $150,001 - $200,000

 $10,001 - $25,000 $75,001 - $100,000 $200,001+

 Please check here if the yearly value of your benefits to AmeriCorps alumni is unknown

**Please check this box if your school will waive the application fee for all AmeriCorps alumni.**

**Provide a detailed description of what your institution offers through the Segal AmeriCorps Education Award Matching Program.** CNCS will post this information on our [website](http://www.americorps.gov/for_individuals/benefits/ed_award_match.asp) for potential students to access. Please include the amount of the dollar match along withany additional benefits that your institution offers.If you need additional space, please attach this information in a separate page:

**Section III: Commitment Timeframe**

Your institution’s participation in this program is valid for five (5) years from the date of signature on this agreement\*.

***\*If the institution needs to terminate this agreement for any reason at any time, the institution must notify CNCS within 10 days of this decisionby emailing*** ***EdAwardMatch@cns.gov*** ***to allow CNCS to delete the website listing; otherwise, students will continue to contact the institution.***

CNCS reserves the right to delete the website listing for any institution not in compliance with the Segal AmeriCorps Education Award Matching Program requirements.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Please return this form to:**EdAwardMatch@cns.gov**