

Maggie J. Brown

Spirit of Columbia 2020 Scholarship AWARD

Associate Verification Form

This form is to be completed by parents/guardians of applicants who do not live on property assessed by Columbia Association, but who qualify by working full-time on or owning property assessed by Columbia Association. Associate Verification Forms must be renewed annually. Associate resident status is not retroactive.

Student name _____

Parent/guardian name _____

In order to be eligible for resident rates, one of the following criteria must be met:

Owner of CA-assessed property (proof of ownership required) — complete Section 2 only.

OR

Full-time employee who works on CA-assessed property — complete all sections.

Property address _____

Section 1 EMPLOYEE INFORMATION

Employee name _____

Company's name _____

Company's street address (no PO boxes) _____

Phone number _____

COMPANY AUTHORIZATION (Must be completed and signed by employer. The applicant may not complete this section.)

In my position of _____ at _____, which is located on CA-assessed property, I am authorized to attest that _____ is employed full-time.

Signature _____ **Date** _____

Print name _____ **Phone** _____

Section 2

By signing below, the applicant acknowledges that all information listed is true and correct as of the date of this application.

Applicant further agrees to notify Columbia Association at 410-715-3161 of any changes in associate resident status.

Signature of applicant _____ **Date** _____

To be completed by Columbia Association representative:

Approval signature _____ **Date** _____

Code _____ **Date received** _____

