

**Questa Foundation for Education
Brain Gain Recipient Employee Verification Form**

Please print legibly.

I, _____, attest that I am currently employed in Allen
County, Indiana, and have been employed at _____
from _____ Company
Month/day/year

I accept the Brain Gain Award of \$2,500.00 toward my educational loan balance.

My social security number is _____.

My loan payment is payable to _____.

Account number (must include): _____.

My current loan balance as of November 1 is _____.

Note: Enclose documentation from your lender or loan processing agency that demonstrates your current loan balance as of November 1 of the current year (i.e. most recent account statement or current statement of loan balance).

Mail my loan payment to the following address (must include FULL mailing address):

Lender name: _____

Address: _____

City: _____ State: _____ Zip: _____

If you have a payment coupon or any notations to be included on the check, please attach to this form or list here: _____

Print Name

Signature

Date