

## Scholarship Affidavit

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The Cigna Foundation sponsors the Cigna Scholars Program (the "Program") for children and dependents of employees and grandchildren of employees (the "Charitable Class") of Cigna and its subsidiaries (collectively, "Cigna"). Scholarship America, Inc. administers the Program. The purpose of this Affidavit is to confirm eligibility of an applicant as a member of a Charitable Class.

### 1. Name and Employment Status

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Name

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Employer

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Years of Service

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Daytime Phone Number

Email Address

### 2. Applicant information

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Name

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Street Address or PO Box Number

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City

State

Zip

### 3. Please indicate Your Relationship with the Applicant:

- Child
- Dependent
- Grandchild

### 4. Signature

I certify that the information above is accurate to the best of my knowledge

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please print name: \_\_\_\_\_