



This form must be postmarked no later than November 30, 2006 and sent to Altria Group, Inc. Scholarship Program, Scholarship & Recognition Programs, P.O. Box 6730, Princeton, NJ 08541.

**Important Note: This application is not meant for students who are already receiving an Altria Scholarship. Renewal of your scholarship will take place in the spring when you will receive renewal materials in the mail.**

**Type of Scholarship** (Mark one box only)

- College (Now a high school senior)
- Graduate or Professional
- In-College (Now in college)
- Vocational/Technical (Now a high school senior, high school graduate or GED recipient)

**Student Information**

Name: \_\_\_\_\_  
Last First Middle Initial

Home Address: \_\_\_\_\_  
City State/Country Zip Code

Date of Birth: \_\_\_\_\_  
Month Day Year Home Phone (include area code)

Required Information: \_\_\_\_\_  Male  Female  
Social Security Number

**Parent Information**

Name: \_\_\_\_\_  
Last First Middle Initial

Home Address: \_\_\_\_\_  
City State/Country Zip Code

Check appropriate company for parent and write in the business unit and location.

- 1.  Altria Corporate Services, Inc.
- 2.  Altria Corporate Services International, Inc.
- 3.  Altria Group, Inc.
- 4.  Philip Morris Capital Corporation
- 5.  Philip Morris Duty Free Inc.
- 6.  Philip Morris International Inc.
- 7.  PM International Management LLC
- 8.  PM Latin America & Canada Inc.
- 9.  PM Latin America Sales Corp.
- 10.  PM Products Inc.
- 11.  Philip Morris USA Inc.
- 12.  PMI Global Services Inc.
- 13.  TECWorks, LLC

Business Unit \_\_\_\_\_ Location \_\_\_\_\_

I certify that the above named is my legal dependent for income tax purposes, is supported by me or is claimed by me for medical insurance and other benefits.

Social Security # of Parent \_\_\_\_\_ Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

**For College Scholarship Applicants – SAT/ACT Information (High School Seniors Only)**

- I took the SAT/ACT on \_\_\_\_\_ and have authorized my high school official to report my score in the section below. Month Year
- OR
- I will take the SAT/ACT on \_\_\_\_\_ Month Year

I understand that it is my responsibility when completing the score report section of my SAT/ACT Registration Form, to **enter Code Number 9955 Altria Group, Inc. Scholarship Program** as one of the colleges or scholarship programs to which my scores are to be released. If I have already registered for the SAT/ACT and did not specify Code 9955 as a score recipient, it is my responsibility to order an additional score report by visiting SAT's website (<http://www.collegeboard.com/sat/>) or ACT's website (<http://www.act.org>) and follow the instructions for ordering an additional score report OR file an Additional Report Request Form with the College Board Admissions Testing Program or the American College Testing Program. I understand that I must specify Code 9955 (Altria Group, Inc. Scholarship Program) and that I must submit my request no later than December 1, 2006. **NOTE: The December test date is the last which can be accepted.**

I authorize my high school to complete the information requested on page 2.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For College Scholarship Applicants – Secondary School Information (High School Seniors Only)**

THIS SECTION TO BE COMPLETED BY PRINCIPAL, HEADMASTER OR GUIDANCE COUNSELOR.

Name of Secondary School: \_\_\_\_\_

School Code: 

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To Principal or Headmaster: Is the student NOW a senior in high school?  Yes  No Graduation Date: \_\_\_\_\_

SAT Score			or	ACT Score												
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Critical Reading	Math	Writing		Composite												

For most recent year completed, what is student's exact Rank\* in Class: \_\_\_\_\_ Class Size: \_\_\_\_\_

NOTE: A student cannot be considered for a scholarship without a ranking of some kind. Additionally, if test scores are not yet available, the student is responsible for submitting his/her scores to the scholarship program through the appropriate testing organization as specified on page 1 of this application.

\*If an exact rank is not available, please submit a decile, percentile, or quartile ranking.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Principal, Headmaster or Guidance Counselor (Please Print and Circle Title)

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

**IMPORTANT TO SECONDARY SCHOOL OFFICIAL: This form must be postmarked no later than November 30, 2006 and sent to Altria Group, Inc. Scholarship Program, Scholarship & Recognition Programs, P.O. Box 6730, Princeton, NJ 08541.**

**For In-College, Graduate and Professional School Scholarship Applicants – College Information**

I am now attending a post-secondary institution.

I am currently a:  Freshman  Sophomore  Junior  Senior  Graduate Student  Professional School Student

Name of Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

NOTE: Applicants for scholarships to graduate and professional schools may submit Graduate Record Examination scores, or test results from examinations required for admission to graduate or professional schools to Scholarship and Recognition Programs.

**For Vocational/Technical Scholarship Applicants**

Name of Planned Post-Secondary School: \_\_\_\_\_

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

What Program will you be enrolled in? \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Have you begun your Vocational/Technical Study? \_\_\_\_\_ Have you applied? \_\_\_\_\_ Been accepted? \_\_\_\_\_

Length of Program: \_\_\_\_\_ What degree or certificate will you receive? \_\_\_\_\_

Will you study full or part-time? \_\_\_\_\_ If part-time, number of credit hours (minimum): \_\_\_\_\_

**Applicant's Signature**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_