

# ****MyCollegeMax Referral Program Application****

**Name (Individual or Institutional):**

 **Date:**

**Street Address:**

**City:**

**State: Zip:**

**Select One (“X” the line):**

**Professional: \_\_\_ Ambassador: \_\_\_ Institution: \_\_\_ Organization: \_\_\_**

**Briefly describe your interest in the MyCollegeMax Referral Program:**

**For Institution & Organization Referrals, please designate the scholarship, foundation, or service the checks will be used for:**

**Email form to** **dharvey@mycollegemax.com****. All applicants must respond to any questions from MCM and complete a W9 form prior to being approved.**

***Please allow 1 to 2 weeks to process.***