



2009-2010 Scholarship Programs

Hispanic Scholarship Fund ■ Attn: Enrollment Verifications
 55 Second Street, Suite 1500 ■ San Francisco, CA 94105
 1-877-HSF-INFO (toll-free) ■ scholar1@hsf.net ■ www.hsf.net

ENROLLMENT VERIFICATION FORM

(Provide this form to your school's Registrar)

To Be Completed by the Student

This form is required. Complete the information below, then sign and date the release of information section. Have your institution's registrar's office complete the remainder of the form and **mail** this completed document to the address above by the **October 5, 2009 deadline**. **THIS FORM SHOULD BE COMPLETED ONLY AFTER THE FIRST DAY OF YOUR CLASSES.**

Student's Name: _____ Social Security #: XXX-XX-
Last First MI

Institution Name: _____

Institution City, State: _____

RELEASE OF INFORMATION:

I grant permission to release all information regarding verification of enrollment, financial aid, or other application-relevant concerns to the scholarship grantors of the scholarship program, as deemed necessary by the Hispanic Scholarship Fund. I also authorize the scholarship grantors to share this information for the purposes of evaluation, recruitment, public relations, possible employment, or any other related activity.

Applicant Signature: _____ Date: _____

To Be Completed by the Office of the Registrar

Complete the enrollment certification below and return to the student or **mail** this completed document to the address above by the **October 5, 2009 deadline**.

ⓐ THIS FORM WILL BE CONSIDERED INVALID WITHOUT AN OFFICIAL SEAL OR SCHOOL STAMP.

ENROLLMENT CERTIFICATION:

① Only complete this form once the term being verified has begun.

- I certify that the above named student is currently enrolled at the above named institution for the (specify Fall, Winter, or Spring) _____ term, which begins on ____/____/____ and ends on ____/____/____
- Anticipated Graduation Date: ____/____/____
- Degree Status (check one): **DEGREE SEEKING** **NON-DEGREE SEEKING**
- I certify that this student is (check one): **FULL-TIME** **HALF-TIME** **LESS THAN HALF-TIME**

ⓐ School Stamp or Official Seal (REQUIRED)

② SIGNATURE OF AUTHORIZED OFFICIAL

FULL NAME OF AUTHORIZED OFFICIAL

TELEPHONE NUMBER

② TODAY'S DATE

Did you remember to:

- ① Provide all enrollment information above?
- ② Sign and date the document after the start of classes?
- ③ Authenticate this document with a School Stamp or Official Seal?