

| OFFICE US | OFFICE USE ONLY | | | | |
|-----------------|--------------------|---------------------------------|----------------------------------|--|--|
| Institution Mat | Institution Match: | | | | |
| Donor Match: | Donor Match: | | | | |
| | DATE | Sem & Year | | | |
| | Institution Mat | Institution Match: Donor Match: | Institution Match: Donor Match: | | |

Deadline to submit form is September 15 for Fall & Feb 15 for Spring.

ENROLLMENT VERIFICATION FORM

Complete after you are official enrolled and after grades are posted.

SECTION A: MUST BE TYPED & COMPLETED BY STUDENT

(TYPE IN YOUR RESPONSES BY CLICKING IN THE BOXES AND TYPING IN YOUR RESPONSES IN EACH FIELD.)

| RELEASE OF INFORMATION (COMPLETED BY STUDENT) | | | | |
|--|--|--|--|--|
| Steve Vargas | | | | |
| 123Y345V | | | | |
| University of California | | | | |
| Mechanical Engineering | | | | |
| Expected Graduation Term: (Spring/Year) May 2025 | | | | |
| I grant permission to release all information regarding verfication of enrollment and cumulative GPA to the scholarship grantors of the scholarship program, as deemed necessary by the Kansas Hispanic Education & Development Foundation. I also authorize the scholarship grantors to share this information for the purpose of evaluation, recruitment, public relations, or any other related activity. | | | | |
| | | | | |
| July 30, 2020 | | | | |
| Date | | | | |
| | | | | |
| Signature (Parent or guardian is required if applicant is under 18 years) Date | | | | |
| | | | | |

SECTION B: MUST BE TYPED & COMPLETED BY STUDENT

(TYPE IN YOUR RESPONSES BY CLICKING IN THE BOXES AND TYPING IN YOUR RESPONSES IN EACH FIELD.)

| CONTACT INFORMATION (COMPLETED BY STUDENT) | | | | | |
|--|--------------|--------|------------------------|----------|-------|
| Telephone | 316-253-5263 | Email | Steve.vargas@gmail.com | | |
| Permanent Address 2300 E Menlo ST | | | | | |
| City | Wichita | State: | KS | Zip Code | 67211 |

SECTION C: MUST BE COMPLETED BY THE OFFICE OF THE REGISTRAR

| ENROLLMENT VERIFICATION (COMPLETED BY REGISTRAR OFFICE) | | | | |
|---|-------------------------|--|--|--|
| I certify that the above student is enrolled full time | Official Seal or Stamp | | | |
| for theFI 2020 semester. | 25TY OF | | | |
| I certify that the above student has a <u>CUMULATIVE</u> | | | | |
| grade point average of or or | | | | |
| N/A for incoming students. | | | | |
| Mary Collins | August 24, 2020 | | | |
| Signature of Authorized Official | August 24, 2020 Date | | | |

This form will be considered invalid without signature and official seal/school stamp.

| Mail | KHEDF, PO Box 4248, Wichita, KS 67204 | For questions contact: |
|-------|---------------------------------------|--|
| Email | Irma.luna@khedf.org | Irma Luna at irma.luna@khedf.org or 316-259-2532 |
| Fax | 316-264-1489 | |