



ENROLLMENT VERIFICATION FORM

Deadline For Students to submit form is Sept. 15 for Fall & Feb. 15 for Spring.

Complete after Tuition is placed on your student account. Please allow up to 1-2 weeks for processing
 If you are filling out this form for a **SPRING Semester**, ensure your Grades for Fall are posted before submitting.

SECTION A: COMPLETED BY STUDENT (TYPED)

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

RELEASE OF INFORMATION (COMPLETED BY STUDENT)

Student Full Name	
Student ID#	
Name of College/University attending	
Major	
Expected Graduation Term: (Spring/Year)	

I grant permission to release all information necessary to provide services requested, including verification 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.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature (if applicant is under 18 yrs): _____ Date: _____

SECTION B: COMPLETED BY STUDENT (TYPED)

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

CONTACT INFORMATION (COMPLETED BY STUDENT)

Peffered Phone #		Peferred Email	
Mailing Address			
City:		State:	
		Zip Code	

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

ENROLLMENT VERIFICATION (COMPLETED BY SCHOOL'S REGISTRAR OFFICE)

<p>For the _____ semester the student above is enrolled <i>FULL-TIME</i>. (YES / NO)</p> <p>I certify that the student above has a Cumulative GPA of _____.</p>	<p>Official Seal or Stamp</p>
Authorized Official Signature: _____	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: Michelle Martinez at scholarships@khedf.org Office: (316) 316-462-9927 OR Main Office:(316)285-0291
Email	scholarships@khedf.org	

KHEDF OFFICE USE ONLY		Notes:
\$:	Institution:	
\$:	Donor:	
CK#	Date:	FA / SP: _____