



OKLAHOMA CITY
COMMUNITY FOUNDATION

Helping you help the community

P.O. Box 1146 • Oklahoma City, OK 73101 • 405/235-5603 • fax 405/235-5612
www.occf.org

Dear Student,

You are required to verify your status for every enrollment period that a scholarship disbursement is scheduled. The **Registrar** of your school may use this form or may substitute an institutional document that provides the same information and contains their **signature** and **seal impress**. **Fax copies are not accepted.**

Payment for the enrollment period will be forwarded to the college upon receipt of the verification form. Please return to:

Scholarship Committee
P. O. Box 1146
Oklahoma City OK 73101-1146

VERIFICATION OF ENROLLMENT

(Name of Student)

(SSN or SID)

has enrolled for the **2017 Fall** semester at

(Name of College, University, or Technology Center)

(City, State)

Registrars: Please note. Scholarships require that a student be enrolled in at least 12 credits of regular classroom instruction.

This student is enrolled in _____ credit hours.

This enrollment includes _____ credit hours of on-line coursework.

This enrollment is considered full time _____ part time _____.

Registrar

Date

Please include school seal here.

