

ACHIEVE ATLANTA COMPLETION GRANT PROGRAM ENROLLMENT VERIFICATION FORM

A Degree Works document or a completed Enrollment Verification Form is required to be uploaded as part of your application. For questions regarding the completion of this form, please email <u>completiongrants@scholarshipamerica.org</u>.

Student First Name:	Last Name	
Email:		
(Provide email u	sed with your applicatior	n registration.)
If a Degree Works document is rand anticipated graduation date appropriate university official.		
College/Institution Name:		
City:	State:	ZIP Code:
Student is enrolled for the Spring 202	1 term?: Yes No	0
Student is enrolled: Full-time	Part-time	
Student remains in good standing with	n the college/institution?	∵ ∐Yes
Expected graduation/completion date	:/ MM	DD YYYY
University Official's Signature:		
Title:	Da	ate:/
Email Address:		
Official university seal or stamp:	Application Deadline Date:	
	3:00 p.m. Central Time on December 18, 2020	
	student, and up Atlanta Complet	form must be returned to the bloaded as part of the Achieve tion Grant Program application on deadline date.