

**R**esearch

 **A**ssociation of

 **M**inority

 **P**rofessors

**COLLEGE/UNIVERSITY ENROLLMENT VERIFICATION FORM**

(A copy of enrollment and courses must be submitted with this form).

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| 1. | **STUDENT NAME** |  |
| 2. | **STUDENT PHONE #** |  |
| 3.  | **STUDENT EMAIL ADDRESS** |  |
| 4.  | **NAME OF UNIVERSITY OR COLLEGE** |  |
| 5. | **NAME/ADDRESS/PHONE** **NUMBER OF BURSAR’S OFFICE**(Identify to whom and where the scholarship funds should be sent.) |  |
| 6. | **STUDENT ID** **NUMBER/ACCOUNT NUMBER**\*This information will ensure your scholarship award is applied to the correct account |  |
| 7. | **COPY OF ENROLLMENT WITH COURSES ATTACHED** | **Yes or No** |

**Email the following to** draka1994.cy@gmail.com

**Attached: College enrollment verification form**

 **Copy of enrollment and courses**