



# Ric Gonzalez Memorial Foundation Scholarship Program

Ric Gonzalez Memorial Foundation ■ 1670 Highwood East ■ Pontiac, MI 48340  
Phone: 248-548-6010 ■ Fax: 248-548-3160 ■ [paymentinfo@ricgonzalezmemorialfoundation.com](mailto:paymentinfo@ricgonzalezmemorialfoundation.com)

## ENROLLMENT VERIFICATION FORM

### To Be Completed by the Student

**This form is required.** Please complete the information below and sign and date the release of information section. Ask an official from your College or University's Registrar's Office to complete the remainder of the form and submit it to RGMF within 30 days of registration, for students on a semester system, or within 45 days of registration, for students on a quarter/trimester system. Please note that an Enrollment Verification Form signed and dated before the term has begun, acceptance letters, class schedules, registration forms, or any other form will not be accepted in lieu of a valid Enrollment Verification Form signed and dated after the term for which full-time enrollment is being verified has begun.

Applicant's full name \_\_\_\_\_  
Social Security number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Institution name \_\_\_\_\_  
Institution branch \_\_\_\_\_

### Release of Information

I grant permission to release all information regarding verification of enrollment, financial aid, or other application-relevant concerns to the scholarship grantors of the scholarship program, as deemed necessary by the Ric Gonzalez Memorial Scholarship Fund. I also authorize the scholarship grantors to share this information for the purposes of recruitment, public relations, possible employment, or any other related activity.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### To Be Completed by the Office of the Registrar

Please complete the enrollment certification below. Mail the completed and signed form within 30 days for students on a semester system or within 45 days for students on a quarter/trimester system, to the Ric Gonzalez Memorial Scholarship Fund at the above address. **A late form may jeopardize the student's ability to receive his or her award.**

### Enrollment Certification

- **Please do not complete this form until after the term for which enrollment is being verified has begun and the student's enrollment (*not registration*) can be verified.**
- I certify that the above named student is currently enrolled for the (specify fall, winter, spring, or summer) \_\_\_\_\_ term, which begins on \_\_\_\_/\_\_\_\_/\_\_\_\_ and ends on \_\_\_\_/\_\_\_\_/\_\_\_\_.
- Cumulative Grade Point Average (if available) \_\_\_\_\_
- Degree Status (check one)    \_\_\_\_ Degree-seeking    \_\_\_\_ Non Degree-seeking
- I certify that this student is a (circle one) **FULL-TIME / HALF-TIME / LESS THAN HALF-TIME** student.

\_\_\_\_\_  
Signature and Seal of Authorized Official

\_\_\_\_\_  
School Official's Title and School Stamp

\_\_\_\_\_  
Date

(      )  
\_\_\_\_\_  
Phone