

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:	used with your app		· · · ·		
(Provide email (used with your appl	ication registi	ation.)		
If a Degree Works document is and anticipated graduation date appropriate university official.		•			
College/Institution Name:					
City:	State:	;	ZIP Code: _		
Student is enrolled for the Fall 2024	term?:	□No			
Student is enrolled: Full-time] Part-time				
Student remains in good standing wi	ith the college/instit	ution?: \[Y	es 🗌 No		
Expected graduation/completion dat	e:	/ DD	/ YYY	<u>Y</u>	
University Official's Signature:					
Title:		Date:	1	/	
Email Address:					
Official university seal or stamp:	Application Deadline Date: 3:00 p.m. Central Time on July 11, 2024				
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	student, a Atlanta Co	leted form m nd uploaded ompletion Gr olication dead	as part of t ant Prograr	he Achieve	