

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 completiongrants@scholarshipamerica.org.

Student First Name: _____ Last Name _____

Email:

(Provide email used with your application registration.)

If a Degree Works document is not available to confirm your spring enrollment and anticipated graduation date, the following section may be completed by an appropriate university official.

College/Institution Name:				
City:	State:	ZIP C	;ode:	
Student is enrolled for the Spring 202	3 term?: 🗌 Yes 🛛	No		
Student is enrolled:	Part-time			
Student remains in good standing with	h the college/institutio	n?: 🗌 Yes 🛛	🗌 No	
Expected graduation/completion date	://////////_	/ DD	ΥΥΥΥ	
University Official's Signature:				
Title:		Date:	/	/
Email Address:				
Official university seal or stamp:	Application Deadline Date:			
3:00 p.m. Central Time on December 19				
	The completed form must be returned to the student, and uploaded as part of the Achieve Atlanta Completion Grant Program application by the application deadline date.			