

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 application	on registration.)	
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 Spring 202	25 term?: ☐ Yes ☐ N	10	
Student is enrolled: Full-time	Part-time		
Student remains in good standing wit	h the college/institution	?: Yes No	1
Expected graduation/completion date):/ 	DD YY	<u>YY </u>
University Official's Signature:	_	_	
Title:	C)ate:/	1
Email Address:			
Official university seal or stamp:	Application Deadline Date: 3:00 p.m. Central Time on December 17, 2024		
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	student, and up Atlanta Comple	I form must be reto ploaded as part of etion Grant Progra ion deadline date.	the Achieve am application