

CEO of YOU[®] Scholarship

School Enrollment Verification Form

Applicant Instructions: If you wish to be considered for the scholarship funds, complete Section 1 of this form. Take the form to the school Registrar's office for completion of Section 2. Once the school has completed Section 2, please upload the completed form in the link below.

Secure Document Upload Link:

<https://optometrydivas.com/ceo-of-you-scholarship/>

Section 1. To Be Completed By Applicant

I am enrolled as a continuous student at
(School Name)

My anticipated graduation date is

/	/	
MM	DD	YYYY

Applicant's Information

First Name	MI	Last Name	Year of birth	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	State	Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Signature	Date			
<input type="text"/>	<input type="text"/>			
	MM	DD	YYYY	

Section 2. Authorized Official's Certification (Please print)

I certify, to the best of my knowledge and belief that the applicant named above is enrolled as a full-time student as indicated in Section 1.

The school may attach its own enrollment certification report listing the required information in lieu of completing this section.

The applicant:

1. Is/was enrolled during the academic period:

from to
MM DD YYYY MM DD YYYY

2. Is reasonably expected to complete his/her program requirements on:

MM DD YYYY

School Name	<input type="text"/>			
Street Address	City	State	Zip	School Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Authorized Official	Date			Phone Number
<input type="text"/>	<input type="text"/>			<input type="text"/>
Name/Title of Authorized Official	MM	DD	YYYY	
<input type="text"/>				