

## **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/

Applicant's Information  First Name  MI Last Name  Year of birth Phone Number  Street Address  City  State Zip	Section 1. To Be Completed By Applicant				
School Name    School Name   S	ſ				
Applicant's Information First Name    Vear of birth   Phone Number	I am enrolled as a continuous student at		(6.11.8)		
Applicant's Information  First Name  MI Last Name  City  State  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:  1. Is/was enrolled during the academic period:  2. Is reasonably expected to complete his/her program requirements on:  Authorized Official  School Name  Street Address  School Code  City  State  Date  Date  Date		(School Name)			
Applicant's Information First Name  MI Last Name  Year of birth Phone Number  Street Address  City State Zip  Date  Date  City 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 applican:  1. Is/was enrolled during the academic period:  from	My anticipated graduation date is				
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Signature    Date					
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Street Address  City  State  Zip  Phone Number   Signature of Authorized Official  Date	The applicant:  1. Is/was enrolled during the academic period:  from / /  MM DD YYYY  2. Is reasonably expected to complete his/her progra	/ / MM DD YYYY	in lieu of completing this section.		
City State Zip Phone Number  Signature of Authorized Official Date	School Name				
City State Zip Phone Number  Signature of Authorized Official Date					
Signature of Authorized Official  Date	Street Address			School Code	
Signature of Authorized Official  Date					
Signature of Authorized Official  Date	City		State	Zip	Phone Number
/ / /					
Name/Title of Authorized Official  MM DD YYYY	Signature of Authorized Official			Date	
Name/Title of Authorized Official  MM DD YYYY					/ /
	Name/Title of Authorized Official			MI	M DD YYYY