## **PROOF OF REGISTRATION**

For you to receive the first half of your scholarship award, you must provide us with proof of registration in the college or trade school of your choice. Your check will be mailed to you at the address below within 10 working days after we receive this proof of registration.

## Mail completed form to address above

Student Name (please print)		Phone	
Street address		E-mail	
City		State	Zip
		=========	
	Name of College o	r Trade School	
Street Address	City	State	Zip
certify that the above named st	udent has successfully regis	tered for a minimum o	f 9 units (or equivalent) in:
A care	eer training program	A college d	egree program
For the term beginning	an	d ending	
	Official School Admir	nistrator Signature	
 Title			Date

Please Affix Official Stamp And Attach A Copy Of Official Registration Form