

# **ENROLLMENT VERIFICATION FORM**

## **¡Lánzate!/Take Off! Higher Education Travel Award Program**

**To The Student:** Write your name below and ask your school official (Registrar's Office) to complete the form as indicated.

**This form must be submitted with your scholarship application.**

### **Applicant Information**

**Name:**

First

Last

MI

### **To The School Official Submitting The Verification:**

The student named above is applying for consideration in the Hispanic Association of Colleges and Universities' (HACU) ¡Lánzate!/Take Off! Higher Education Travel Award Program. The goal is to recognize outstanding students attending a college or university.

Please complete this form verifying the **enrollment status, class level, and GPA** of the applicant mentioned above. You may be contacted to verify this information.

This is to certify that \_\_\_\_\_ is currently a student enrolled at \_\_\_\_\_  
Name of Student Institution's Name & Campus

for \_\_\_\_\_ credit hours during the \_\_\_\_\_. The student is currently classified as a \_\_\_\_\_  
# of credits Current Semester i.e., sophomore, junior, etc.

in their studies leading to a \_\_\_\_\_ degree in \_\_\_\_\_. The student's  
i.e., AA, BA, BS, MA, PhD., etc. Major

expected graduation date is \_\_\_\_\_. **Cumulative GPA** \_\_\_\_\_.  
Month/Year Cumulative G.P.A.

This Verification Form is requested on behalf of the student mentioned above on \_\_\_\_\_.  
Date

### **Please complete the following contact information:**

\_\_\_\_\_  
Name of College/University Official Completing Form

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of College/University Official (Registrar's Office)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

(\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail



**To The Student: Once form is completed, please scan and upload the document along with your scholarship application.**