| 2020-2021 Verifi | cation of Enrollmen | t for an Outside Sc | holarship |
|--|--|--|---------------------|
| DETUDN TO. | Student Last Name: | | |
| RETURN TO: CAL POLY | 0. 17. | | |
| FINANCIAL AID OFFICE | Student First Name: | | |
| SAN LUIS OBISPO, CA 93407-0201 FAX: (805) 756-7243 | Phone # | EMPL ID#: | |
| EMAIL: financialaid@calpoly.edu (Sensitive data should be encrypted.) | | | |
| Most scholarship organizations will accept student center once you are enrolled in cla Poly. Another option is to use the "Share I specific information such as registration to This verification of enrollment form will be | sses (not waitlisted) as proof My Info" program on your por people or entities you stipula | of your enrollment at Cal tal which gives access to ate. | For Office Use Only |
| signature of a Cal Poly authority to confirn | - | , 1 0 | |
| Please attach a copy of the letter or inform signed statement from the college is requi | _ ~ | ency indicating that a | Initials |
| Donor Contact: | Phone: | | |
| | Fax: | | |
| Address: | Email: | | |
| | | | |
| | | | |
| | | | |
| Name of Scholarship: | | | |
| Scholarship Amount: | | | |
| | | | |
| For Office Use Only | | | |
| This is to confirm the above named stu | dent is enrolled at Cal Poly | San Luis Obispo for the | e following term: |
| FallWinterSprir | - | _ | |
| Academic Major: | | | |
| Authorized Signature | | Title | |
| - | | | |
| | | | |

For scholarship checks mailed to Cal Poly, please make payable to Cal Poly and send to: Cal Poly University Cashier, Administration 131-E, San Luis Obispo, CA 93407-0501.

*Include the student's full name and Empl ID # for proper identification.

For scholarship questions, please contact our Outside Scholarship Coordinator at 805-756-2927, or email $\underline{\text{financialaid@calpoly.edu}}$