



Student Enrollment Verification Form

Please complete this form when you have enrolled at the college or university you will be attending for the scholarship payment year. We will issue your award check (made payable to the school named below), to be credited to your student account using the information provided in this form. If for any reason you decide to change schools, postponed your enrollment, or not attend school as planned, you must notify SCF immediately. Your scholarship payment(s) may or may not be forfeited depending on the circumstances.

Name of Scholarship: Auldin Briggs Achievement Scholarship

Name of Fund: Harry and Eleanor D. Nelson Vacaville Fund

Payment Year: 2023 - 2024 Payment Amount: \$2,500.00 (one time)

Please type your information in the spaces provided below.

Student Name: _____ Student ID: _____

Student Email Address: _____ Student Phone: _____

Student Mailing Address: _____

Name of School Enrolled: _____

School Mailing Address: _____

I understand that it is my responsibility to inform Solano Community Foundation (SCF) of any changes to my contact information (email address, phone number, school I am attending, or enrollment status). Failure to keep SCF informed of updated information could result in cancellation of my scholarship and future payments, and/or the return of payments made.

Signature: _____ Date: _____

Please return this form to SCF.

Questions?

Phone: 707-920-4489

Solano Community Foundation

Attn: Scholarship Manager

744 Empire St., Suite 240

Fairfield, CA 94533

Email: scholarships@solanocf.org