



## Student Enrollment Verification Form

Please do not complete this form until you have enrolled at the college or university you will be attending for the scholarship payment year. We will issue your scholarship check made payable to the school named below, to be credited to your student account, using the information you provide in this form. If for any reason you decide not to attend the school you enter below, you must notify SCF immediately. If you decide to change schools, your scholarship payment(s) will not automatically transfer to a different school.

Scholarship: **Fairfield High School Staff Scholarship**

Name of Fund: **Fairfield High School Staff Scholarship Endowment Fund**

Scholarship

Award Year: **2023** Payment Year: **2023 - 2024** Scholarship Amount: \_\_\_\_\_

*Please type your information in the spaces provided below.*

Class Year: \_\_\_\_\_ Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior

Student Name: \_\_\_\_\_ Student Id: \_\_\_\_\_

Name of School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

Home Address: \_\_\_\_\_

I understand that it is my responsibility to inform the Solano Community Foundation (SCF) of any changes to my address, phone number, school I am attending, or enrollment status. Failure to inform or provide updated information could result in cancellation of my scholarship, and/or return of monies awarded. If my scholarship is renewable over four years, I also understand that my eligibility to receive the renewal scholarship payment **each year** is based on these five *required actions* on my part: **1)** that I earn and maintain a minimum 2.0 GPA for each grading period, **2)** that I am enrolled during the grading period as a full-time student (a minimum of 12 credits/semester or 8 credits/quarter), **3)** that I must initiate a 'check-in' conversation with the FHS Staff Scholarship Committee Chair in late spring or summer, **4)** that I submit this form to SCF *before* August 31st, and **5)** that I submit my Official Grade Transcript for the most recently completed grading period to SCF *before* August 31st.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: By providing your electronic signature in the space above, you acknowledge and accept sole responsibility for meeting the eligibility requirements to receive your scholarship award payment(s).

**Please return this form and the required documents to SCF.**

Send an email with attachments to:  
**[scholarships@solanocf.org](mailto:scholarships@solanocf.org)**

Questions? Call: 707-3920-4489

or send items by regular mail to:

Solano Community Foundation  
Attn: Scholarship Manager  
744 Empire St., Suite 240  
Fairfield, CA 94533