



## 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 provided in this form. If for any reason you decide not to attend the school you have entered below, you must notify SCF immediately. If you decide to change schools, your scholarship payment(s) will not be automatically transferred.

Scholarship: **Fairfield High School Staff Scholarship**

Name of Fund: Fairfield High School Staff Scholarship Endowment Fund

Scholarship:

Award Year: \_\_\_\_\_ Payment Year: \_\_\_\_\_ Scholarship Amount: \_\_\_\_\_

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

Student Name:

Student Id:

Name of School:

Date of Birth:

Email Address:

Cell Phone No.:

Student Mailing  
Address:

School Financial Aid  
Office Address:

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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 unused funds awarded. I also acknowledge that if my scholarship is renewable, my eligibility to receive my scholarship renewal payment each year requires maintaining a minimum 2.0 GPA, enrollment as a full-time student (12 credits), have a conversation with the FHS Staff Scholarship Committee Chair, and that I submit this form along with my Official Grade Transcript (for the most recent grading period) to SCF.

Signature:

Date:

(Provide your electronic signature in the space above.)

Return this completed form to SCF at 744 Empire St., Suite 240 Fairfield, CA 94533  
Email: [scholarships@solanocf.org](mailto:scholarships@solanocf.org) Questions? Call: 707-920-4489