



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.

Name of Scholarship: **Auldin Briggs Achievement Scholarship**

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

Payment Year: **2024 - 2025** Payment Amount: **\$2,500.00 (one time)**

Please type your information in the spaces provided below.

Student Name:

Student ID:

Name of School:

Date of Birth:

Email Address:

Cell Phone
No.:

Student Mailing
Address:

School Financial
Aid Office 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, or enrollment status). If for any reason I decide to change schools, postpone my enrollment, or do not attend school as planned, I will notify SCF immediately. Your scholarship payment may be forfeited depending on the circumstances.

Signature: _____
(Provide your electronic signature in the space above.)

Date: _____

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