



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: Dr. Ethan R. Sellers Memorial Scholarship

Name of Fund: Dr. Ethan R. Sellers Memorial Scholarship Fund

Payment Year: 2024 - 2025

Payment Amount: \$5,000.00 (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 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 the funds awarded

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 Questions? Call: 707-920-4489