



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: James W. Caughy and Florence L. Caughy Verbeek Scholarship
Name of Fund: James W. Caughy and Florence L. Caughy Verbeek Vacaville High School Memorial Service Award Fund
Payment Year: 2023 - 2024 Payment Amount: \$5,000.00 (one-time payment)

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