



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 not to attend or have postponed your enrollment, you must notify SCF immediately. Should you decide to change schools, your scholarship payment(s) will not be automatically transferred.

Scholarship: Dr. Ethan R. Sellers Memorial Scholarship

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

Payment Year: 2023 - 2024

Scholarship Amount: \$3,000.00 (one-time payment)

Please type your information in the spaces provided below.

Student Name: _____ Student ID: _____

Name of School: _____ Date of Birth: _____

Email Address: _____ Cell Ph. No.: _____

Home 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: _____

<p>Please return this form to SCF.</p> <p>Questions? Phone: 707-920-4489</p>	<p>Solano Community Foundation Attn: Scholarship Manager 744 Empire St., Suite 240 Fairfield, CA 94533 Email: scholarships@solanocf.org</p>
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