



2017 NATA FOUNDATION SCHOLARSHIP ENROLLMENT VERIFICATION FORM
(TO BE COMPLETED BY THE OFFICE OF REGISTRAR AT THE SCHOOL)

This is to certify that _____
(Name of Student)

is enrolled at _____ for the
(Name of School)

_____ Fall 2017 _____ Spring 2018 semester as
a full-time _____ Graduate _____ Undergraduate.

Registrar's Signature _____ Date _____

School Seal/Stamp (If unavailable, please enclose a letter from the Registrar).

Scholarship Recipient's Name and Personal Mailing Address (**check will be made out/sent directly to student**)

Scholarship recipients must submit this completed form to receive the monetary portion of the award **prior to December 31, 2017**. Send this form to:

NATA Research & Education Foundation
Attn: Angela De Leon
1620 Valwood Parkway, Suite 115
Carrollton, TX 75006

FOUNDATION USE ONLY

Please issue a check in the amount of \$2,300 to the scholarship recipient listed above.

Expenditure approved by _____

Return check to _____ Check # _____ Date _____