



**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 2019 \_\_\_\_\_ Spring 2020 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 Address (***Check will be made out and sent directly to recipient. Please list personal address.***)

\_\_\_\_\_  
\_\_\_\_\_

Scholarship recipients must submit this completed form to receive the monetary portion of the award **prior to December 31, 2019**. Send this form to:

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