

Applicant Information

ENROLLMENT VERIFICATION FORM HACU TRAVEL AWARD PROGRAM

To The Student: Write your name below and ask your school official (Registrar's Office) to complete the form as indicated. **This form must be submitted with your ONLINE application.**

| Name: | | | |
|---|------------------------------|---------------------------------|--------------------------------|
| Last | First | | MI |
| To The School Official Submitting The The student named above is applying for ¿Lánzate!/Take Off! Travel Award Progra | consideration in the Hispan | | |
| Please complete this form verifying the encontacted to verify this information. | nrollment status, class lev | el, and GPA of the applicar | nt mentioned above. You may be |
| This is to certify that | is currently a | student enrolled at | |
| This is to certify thatName of So | tudent | | Institution's Name & Campus |
| for gradit hours during the | The | e student is currently classifi | ed as a |
| for credit hours during the _ | Current Semester | student is currently classiff | i.e., sophomore, junior, etc |
| in their studies leading to ai.e., AA, BA, BS | degree in | Maior | The student's |
| | | | |
| expected graduation date is | • | Cumulative GPA | Cumulative G.P.A. |
| I | violitii/ i ear | | Cumulative G.P.A. |
| This Verification Form is requested on be | ehalf of the student mention | ed above on | · |
| | | Date | |
| Please complete the following contact in | nformation: | | |
| Name of College/University Official Completing Form | | Title | |
| Signature of College/University Official (Registrar's Office) | | Date | |
| Mailing Address | | | |
| City | State | Zip Code | |
| () E: | xt | | |
| Phone Number | E-mail | | |



To The Student: Once form is completed, please scan and upload the document along with your ONLINE application.