



## ENROLLMENT AND CLASS LEVEL CERTIFICATION FORM HACU SCHOLARSHIP PROGRAMS

**To The Student:** Write your name below and ask a school official (i.e., Academic Advisor or Registrar's Office) to complete the form as indicated. **This Form must be returned to HACU by JUNE 1, 2010**

### Applicant Information

Name

Last	First	MI

### To The School Official Submitting The Certification:

The student named above is applying for consideration in the Hispanic Association of Colleges and Universities' (HACU) scholarship program. The goal is to recognize outstanding students attending a college or university.

Please complete this form verifying the **enrollment status** and **class level** of the applicant mentioned above. You may be contacted to verify this information.

This is to certify that \_\_\_\_\_ is currently a student enrolled at \_\_\_\_\_

Name of Student Institution's Name & Campus

for \_\_\_\_\_ credit hours during the \_\_\_\_\_ semester and intends to enroll \_\_\_\_\_

# of credits Current Semester Full-time/Part-time

for the \_\_\_\_\_. The student is currently classified as a \_\_\_\_\_ in their studies

Upcoming Semester i.e., sophomore, junior, etc.

leading to a \_\_\_\_\_ degree in \_\_\_\_\_. The student's expected

i.e., AA, BA, BS, MA, PhD., etc. Major

graduation date is \_\_\_\_\_.

Month/Year

This petition is filed on behalf of the student mentioned above on \_\_\_\_\_.

Date

### Please complete the following contact information:

\_\_\_\_\_  
Name of School Official Completing Form

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

(\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Phone Number

\_\_\_\_\_  
E-mail

**Please mail completed forms by JUNE 1, 2010 to:**

**Design Your Future Program  
HACU National Headquarters  
8415 Datapoint Drive Suite 400  
San Antonio, TX 78229**

