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 19, 2006**

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 HACU-Member and Partner colleges and universities.

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 to 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, Ph.D., 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 19, 2006 to:
¡Lanzate! Travel Award Program
HACU National Headquarters
8415 Datapoint Drive Suite 400
San Antonio, TX 78229