



FREEDOM ALLIANCE SCHOLARSHIP FUND
Honoring the Sons and Daughters of America's Military Heroes
 22570 Markey Court, Suite 240,
 Dulles, Virginia 20166-6915
 703-444-7940 800-475-6620 Fax: 703-444-9893
www.fascholarship.com

2011 - 2012
YELLOW FORM

VERIFICATION OF STUDENT ENROLLMENT, EXPENSES AND FINANCIAL AID

INSTRUCTIONS:

STUDENT: Complete Part 1. Then, present this form, a copy of your scholarship award letter, and a signed copy of your Conditions and Details of Scholarship Award form to the school you are attending.

SCHOOL: Complete Part 2. Then, return this form to FreedomAlliance at the address shown above. No substitute forms, please. The complete name and address of the school, including the office to which scholarship payment should be mailed, must be provided. Please ensure that the information reported represents the entire academic year.

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Part 1 (To be completed by the student)

_____ Student Name (print or type) _____ Social Security Number _____

2011-2012 Class: Fr So Jr Sr

Major: _____ Expected Month/Year Graduation: _____

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 ENROLLMENT VERIFICATION

Part 2 (To be completed by school)

I verify the FULL TIME enrollment of : _____ at _____
 Student Name

_____ Complete Name & Address of School (including office to which scholarship payment should be mailed)

FINANCIAL AID OFFICE - PLEASE ATTACH A BUSINESS CARD WITH THIS FORM.

AUTHORIZED EXPENSES
2011-2012 ACADEMIC YEAR

OTHER GRANTS, AWARDS & SCHOLARSHIPS
2011-2012 YEAR

Tuition \$ _____
 Fees \$ _____
 Books \$ _____
 Room & Board \$ _____
 Transportation \$ _____
 Other Institutional Charges \$ _____
 Total \$ _____

Pell Grant \$ _____
 SEOG \$ _____
 State Grant \$ _____
 VA Benefits \$ _____
 Other Scholarship \$ _____
 Total \$ _____

_____ Signature of Authorized Representative

_____ Title

_____ Date

_____ Telephone