



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

2016 - 2017

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 (new students only), 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 Freedom Alliance 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)

Last four digits of SSN

Student ID Number

2016-2017 Class: Fr So Jr Sr

Major: _____ Expected Month/Year Graduation: _____

.....
Part 2 (To be completed by SCHOOL)

Address of office to send scholarship payment:

I verify the full-time enrollment of the student listed above:

Yes No at the institution named below:

Name of School

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

AUTHORIZED EXPENSES 2016-2017 ACADEMIC YEAR

OTHER GRANTS, AWARDS & SCHOLARSHIPS 2016-2017 YEAR

**Do Not Include Student Loans*

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

Pell Grant	\$ _____
SEOG	\$ _____
State Grant	\$ _____
VABenefits	\$ _____
Other Scholarship	\$ _____
Total	\$ _____

Signature of Authorized Representative

Title

Date

Telephone