



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

2019 - 2020
YELLOW FORM

Verification of Student Enrollment, Expenses and Financial Aid

INSTRUCTIONS:

STUDENT: Complete Part 1. Then, present this form and a copy of your scholarship award letter (new students only) 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.

.....
Part 1 (To be completed by the STUDENT)

| | | |
|------------------------------|-------------------------|-------------------|
| Student Name (print or type) | Last four digits of SSN | Student ID Number |
|------------------------------|-------------------------|-------------------|

2019-2020 Class: Fr So Jr Sr

Major: _____ Expected Month/Year Graduation: _____

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

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

Yes No at the institution named below:

Address of office to send scholarship payment:

 Name of School

Financial Aid Office - Please attach a business card with this form.

**AUTHORIZED EXPENSES
 2019-2020 ACADEMIC YEAR**

**OTHER GRANTS, AWARDS &
 SCHOLARSHIPS 2019-2020 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