

**VERIFICATION OF ENROLLMENT/PRE-REGISTRATION**

This is to certify that \_\_\_\_\_  
STUDENT NAME (Print)

is pre-registered/enrolled at \_\_\_\_\_  
College/University

\_\_\_\_\_  
College Financial Aid Office Mailing Address

\_\_\_\_\_  
City State Zip Code

**(This is the address to which the scholarship check will be sent. Please verify that it is correct.)**

for the \_\_\_\_\_ term.

**IMPORTANT:** College tuition payment deadline for upcoming fall semester: \_\_\_\_\_

Student ID#: \_\_\_\_\_

\_\_\_\_\_  
College/University Registrar's Signature

\_\_\_\_\_  
College Contact Name and Telephone/E-mail

Date: \_\_\_\_\_

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UPON COLLEGE PRE-REGISTRATION OR ENROLLMENT, RETURN THIS FORM AS SOON  
AS POSSIBLE TO:

**We strongly encourage electronic submission of forms!**

Stephanie Leech, Program Manager  
Charlottesville Scholarship Program  
P.O. Box 1221  
Charlottesville, VA 22902  
434.987.8338

Email: [scholars@cillescholarship.com](mailto:scholars@cillescholarship.com)