	Verificatio	n of Enrollme	nt for an Outside Scholar	snip					
RETURN TO: CAL POLY FINANCIAL AID OFFICE SAN LUIS OBISPO, CA 93407-0201		Student Last Name: Student First Name:							
					FAX: (805) 756-7243		Phone #	ne # EMPL ID#:	
					financialaid@calpoly.edu				
Most scholarship organizations will accept a copy of course enrollment (printable from your student center once you are enrolled in classes) as proof of your enrollment at Cal Poly. Another option is to use the "Share My Info" program on your portal which gives access to specific information such as registration to people or entities you stipulate. This verification of enrollment form is necessary and will be completed ONLY if the agency is requiring the signature of a Cal Poly authority to confirm enrollment. Please attach a copy of the letter or information from the scholarship agency indicating that a signed statement from the college is required.									
Donor Contact:			Phone:						
			_ Fax:						
Address:									
			_						
			_						
Name of Scholarship:									
A	¢								
Amount:	\$		_						
For Office Use (Only								
Fall	Full time		Cal Poly San Luis Obispo for the fol						
Winter Spring	Half-time Less than half-tim		Academic Major:						
Authorized Signature		Date	 Title						

For checks mailed to the University, please have checks made payable to Cal Poly and send to Cal Poly University Cashier,
Administration 131-E, San Luis Obispo CA 93407-0501. Include the student's full name and EMPL ID # for proper identification.
For questions, please contact our Scholarship Coordinator at 805-756-5895 or email financialaid@calpoly.edu.

Print Name