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Enrollment Verification / Scholarship Remittance Address

The student named below has won a scholarship from CollegeNET.com.

To qualify this student to receive the award, **please provide all information** as requested.

TO BE COMPLETED BY THE STUDENT:

Name:	_____	Student ID #:	_____
Permanent Address:	_____		
	Street	Apartment Number	
	_____	_____	
	City	State	Zip
Email:	_____	Disbursement Award ID#:	_____

TO BE COMPLETED BY THE INSTITUTION - Enrollment Verification:

*The CollegeNET scholarship requires verification that the above student is **enrolled at your institution and can accept scholarship funds.***

Name of Institution:	_____		
FA/Scholarship Contact:	_____	Phone Number:	_____
Email:	_____	Fax Number:	_____

TO BE COMPLETED BY THE INSTITUTION - Remittance Information:

Name of Institution:	_____		
Remittance Contact:	_____	Phone Number:	_____
Email:	_____	Fax Number:	_____
Remittance Address:	_____		
	Department	Street	
	_____	_____	
	City	State	Zip
<input type="checkbox"/>	We are ready to accept scholarship funds for the enrolled student listed above.		
<input type="checkbox"/>	We agree that scholarship funds will only be applied to tuition and fees for the enrolled student listed above and that any scholarship funds that remain unused for more than one year from the date of receipt will be returned to CollegeNET.		
Contact Signature:	_____	Date:	_____

Please fax the completed form to 503.973.5252, CollegeNET, Attn: GW c`Ufg\]d`7 ccfx]bUrf

If you have questions contact us at: 503-973-5200 or via email, at frontdesk@collegenet.com

INTERNAL USE ONLY:

Vendor ID #:	_____	Check Amount	_____
Check #	_____	Date Issued	_____