MARIN EDUCATION FUND

Everyone should have a chance at college.

CHILD CARE SCHOLARSHIP APPLICATION

Academic Year 2008 – 2009

PROOF OF ENROLLMENT FORM

Directions:
Applicant: Complete #1 Applicant Information and give to your school's financial aid or program administrator to complete #2 School Information. Submit this completed form with your application.
School Official: Complete the questions in #2 School Information and return this form to the applicant for inclusion in their application packet.

1. Applicant Information:

_____ _____ _____
First name M.I. Last name

I give permission to school officials to release to Marin Education Fund any information concerning my financial aid or academic circumstances.

_____ _____
Applicant's signature Date

2. School Information:

1. Name of school: _____

2. Mailing address: _____

City: _____ State: _____ Zip: _____

3. Contact person: _____ Title: _____ Phone: _____

4. Name of educational program applicant is enrolled in: _____

5. This educational program results in a:
- ❑ Associate's Degree (AA/AS)
- ❑ Bachelor's Degree (BA/BS)
- ❑ Teaching Credential
- ❑ License
- ❑ Certificate
- ❑ Other, please specify: _____

6. Number of units/hours in which the applicant is enrolled or registered to be enrolled: _____

7. Does your institution consider the applicant to be enrolled: ❑full-time ❑part-time ❑less than part-time

8. Applicant's start date for units/hours indicated above in #6: _____ End date: _____

9. Your school has been accredited or authorized/approved for operation by: _____

_____ _____
Signature of school official Date

school year 2008 - 2009

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