MARIN EDUCATION FUND

Everyone should have a chance at college.

CHILD CARE SCHOLARSHIP APPLICATION

Academic Year 2009 – 2010

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 _____

781 Lincoln Avenue • Suite 140 • San Rafael, CA 94901 • Tel 415.459.4240 • Fax 415.459.0527
www.marineducationfund.org • info@marineducationfund.org

school year 2009 - 2010