



# THE COMMUNITY FOUNDATION

## Proof of Enrollment Form

Name of Scholarship: **Derek Hill Memorial Scholarship**

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Home Address \_\_\_\_\_ Email \_\_\_\_\_

*To be completed by school:*

The above student

\_\_\_\_\_ is enrolled for the coming semester at this college

\_\_\_\_\_ is not enrolled for the coming semester at this college

**AND**

\_\_\_\_\_ is enrolled in a graduate school Chemistry or Biochemistry graduate level program or a School of Medicine or Pharmacy

\_\_\_\_\_ is not enrolled in a graduate school Chemistry or Biochemistry graduate level program or a School of Medicine or Pharmacy

Comments \_\_\_\_\_

**College Name** \_\_\_\_\_

\_\_\_\_\_  
**College Official's Signature/Title**

\_\_\_\_\_  
**Date**

**Not valid without official seal/stamp**

Student must send completed form to:

The Community Foundation  
500 East Avenue  
Rochester, NY 14607-1912