



# THE COMMUNITY FOUNDATION

## PROOF OF ENROLLMENT FORM

**Name of Scholarship:** Esther and Harry Frost Scholarship

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

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

**Payment amount requested:** \$ \_\_\_\_\_ (not to exceed award of \$9,000 minus any payments made)

Check here if upcoming semester/year is the student's **first semester/year of attendance** after high school graduation

Check here if the student has **deferred** schooling for one or more semesters: from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
(one year max)

*To be completed and verified by school:*

Instructions: Circle "year" if this form is completed at the beginning or end of an academic year  
Circle "semester" if this form is completed between semesters of the same academic year  
**Note: This award cannot be used for graduate level or higher coursework**

The above student

\_\_\_\_\_ was enrolled in the semester/year just completed

\_\_\_\_\_ was not enrolled in the semester/year just completed

AND

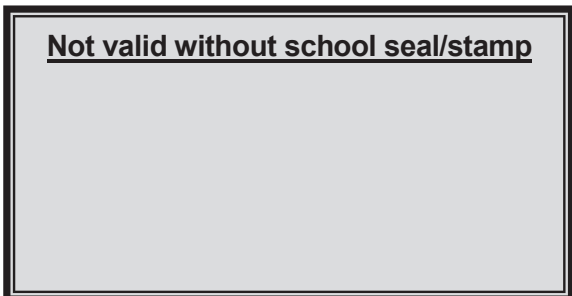
\_\_\_\_\_ is enrolled for the coming semester/year

\_\_\_\_\_ is not enrolled for the coming semester/year

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

College /Title

Date



Upload this completed form to the Scholarship Documentation Collection Portal along with an update to share with donors.

Be sure to include a brief summary of your progress in college along with your work and/or service on campus or in the community.