



SCHOLARSHIP VERIFICATION FORM

2009-2010

Student's Name _____

Name of School _____

Teacher/Advisor _____

Program funded _____

Date of activity _____

Amount granted _____ Amount Used _____

Please submit any receipt/verification of participation in this activity

Amount returned (if funds were not used) _____

Please give reason _____

Teacher/Advisor signature _____

Principal signature _____

This form must be returned within 60 days following the activity (or by September 15 for a summer program) to:

Enrichment Fund for the Guilford County Schools
Scholarship Committee
PO Box 10208
Greensboro, NC 27404

Please note: If verification forms and unused funds are not submitted as required, the school will be banned from consideration for future scholarships for its students for at least one year.