

ENROLLMENT VERIFICATIONStudent Scholarship

Student Section	(completed by the student)			
I request certification	n of enrollment for the scholars	hip listed below:		
Name:			NWC ID #	:
Permanent Address:				
	(Street)	(City)	(State)	(Zip)
Name of Scholarship:		\$ Amount:		Annual / Semester (circle one)
Scholarship Contact:		Address:		
If Donor would rather reco	eive form via email, include address here:			
Northwest College	ge (completed by the College)			
Student:		Registered:	Full Time	(12.0+ credits)
Enrollment Period:	Fall Spring		3/4 Time (9	0.0-11.5 credits) 0.0-8.5 credits)
	(Circle One)	_	< ½ Time	(0.5-5.5 credits)
Academic Year Enrolled	Of	ficial Signature:		
				(Date)
Directions to Do	nor			
_	imentation as verification that the above is ed enrollment period. Please forward you		of this form, register	ed for classes at Northwest
Northwest Colleg		1		
	Scholarships Office			
231 W. 6th Street,	Bldg 1			
Powell, WY 824 jordan.kindsfater	35-1895 307.754.6040 @nwc.edu			
2. Please provide the stud	dent's name on the scholarship check.			
	yable to Northwest College, which allow rsement (i.e. ½ of the scholarship each se			
etc.), please identify the	nose requirements when you forward the se student in their best interest.			
	ates your support of students in higher educational goals a reality. If you have			
NWC Office Use	Only			
Code Used:	Date Sent to Donor:	Dat	e Funds Received:	