



(877) COLG4ME
ReachHigherMontana.org

Verification of Enrollment

Student Name: _____ Date: _____

Student Phone number: _____

Student ID: _____ Student Birth Date: _____

Institution (School Name): _____

Scholarship/Grant: Reach Higher Montana Scholarship-Academic Year 2021/2022

Amount of Scholarship/Grant: \$1,000

To be completed by Financial Aid Administrator, Registrar or similar school official

Federal School Code: _____

Period of student's enrollment: _____ / _____ / _____ to _____ / _____ / _____

Authorizing Official Name (typed or printed): _____
First Name *Last Name*

Authorizing Official Title: _____

Authorizing Official Signature: _____

Institution's contact and address for receiving scholarship check

Name (printed): _____
First Name *Last Name*

Title: _____

Address: _____

City _____ State _____ Zip code _____

Phone Number () - _____