



NATA FOUNDATION SCHOLARSHIP ENROLLMENT VERIFICATION FORM
(TO BE COMPLETED BY THE OFFICE OF REGISTRAR AT THE SCHOOL)

This is to certify that _____
(Name of Student)

is enrolled at _____ for the
(Name of School)

_____ Fall 2019

_____ Spring 2020 semester

as a full-time

_____ Graduate

_____ Undergraduate

Registrar's Signature _____ Date _____

School Seal/Stamp (If unavailable, please enclose a letter from the Registrar).

Scholarship Recipient's Name and Address (***Check will be made out and sent directly to recipient. Please list personal address.***)

Scholarship recipients must submit this completed form to receive the monetary portion of the award **prior to December 31, 2019**. Send this form to:

NATA Research & Education Foundation
Attn: Angela De Leon
1620 Valwood Parkway, Suite 115
Carrollton, TX 75006