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# CAL POLY

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CALIFORNIA POLYTECHNIC STATE UNIVERSITY  
SAN LUIS OBISPO, CA 93407

FINANCIAL AID OFFICE  
(805) 756-2927  
(805) 756-7243 fax

Date: \_\_\_\_\_

## VERIFICATION OF ENROLLMENT FOR AN OUTSIDE SCHOLARSHIP

Donor Contact: \_\_\_\_\_ phone: \_\_\_\_\_  
Address: \_\_\_\_\_ fax: \_\_\_\_\_  
\_\_\_\_\_ email: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FROM: Yvonne Ramos  
Scholarship Specialist  
(805) 756-5895

Student Name \_\_\_\_\_ Cal Poly ID# \_\_\_\_\_

Name & Amt of Scholarship \_\_\_\_\_

Name & Amt of Scholarship \_\_\_\_\_

The above named student has requested verification of the following information. He/she is enrolled/admitted for:

Summer       Fall       Winter       Spring

in \_\_\_\_\_ units as a \_\_\_\_\_ major

COMMENTS:

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PRINT NAME

Please make check(s) payable to Cal Poly State University and forward to University Cashier, Administration 131-E, Cal Poly, San Luis Obispo, CA 93407-0501. Include the student's Cal Poly ID number and full name for proper identification. If we can be of further assistance, feel free to contact the Financial Aid Office by phone, fax or email ( [financialaid@calpoly.edu](mailto:financialaid@calpoly.edu) )

\* Units and/or enrollment not officially verified without authorized signature.