

VERIFICATION OF ENROLLMENT

Dear Registrar,

Alumni of Olympia High School, _____, has earned a scholarship from _____ to be used to further his/her post-secondary education. The funds will be released upon receipt of Verification of Enrollment. Please complete the section below and return this form to the address below no later than December 1, 2023.

Should you have any questions, please contact us at 360-596-7000.

MAIL FORM TO:

Olympia High School

Attn: College & Career Readiness Center

1302 North Street SE

Olympia, WA 98501

Student Name

Student College ID

Enrollment Dates

Name of University/College/Technical School

Mailing Address

City

State

Zip

Signature of Registrar