



25 W Piccadilly St
Winchester, Virginia 22601
800-475-6620 x 301 | Email: Dawn.Brown@freedomalliance.org

www.fascholarship.com

Verification of Student Enrollment, Expenses and Financial Aid

INSTRUCTIONS:

STUDENT: Complete Part 1. Then, present this form and a copy of your scholarship award letter (new students only) to the school you are attending. You do not need to fill out the FAFSA to receive this scholarship.

SCHOOL: Complete Part 2. Then, return this form to Freedom Alliance at the address shown above. No substitute forms, please. The complete name and address of the school, including the office to which scholarship payment should be mailed, must be provided. Please ensure that the information reported represents the entire academic year.

Part 1 (To be completed by the STUDENT)

Student Name (print or type)	Last four digits of SSN	Student ID Number
2024-2025 Class:	Fr So Jr Sr	
Major: _____	Expected Month/Year Graduation: _____	

Part 2 (To be completed by SCHOOL)

Address of office to send scholarship payment:

I verify the full-time enrollment of the student listed above: _____

Yes No at the institution named below:

Name of School

Financial Aid Office - Please attach a business card with this form.

**AUTHORIZED EXPENSES
2024-2025 ACADEMIC YEAR**

**OTHER GRANTS, AWARDS &
SCHOLARSHIPS 2024-2025 YEAR**

**Do Not Include Student Loans*

Tuition \$ _____

Fees \$ _____

Books \$ _____

Room & Board \$ _____

Transportation \$ _____

Other Institutional Charges \$ _____

Total \$ _____

Pell Grant \$ _____

SEOG \$ _____

State Grant \$ _____

VABenefits \$ _____

Other Scholarship \$ _____

Total \$ _____

Signature of Authorized Representative	Title
Date	Telephone
