



2026-2027 Verification of Student Enrollment, Expenses and Financial Aid

INSTRUCTIONS:

STUDENT: Complete Part 1. Present this form with a copy of your scholarship award letter (the eligibility email) to the school you are attending. You do not need to fill out the FAFSA to receive this scholarship.

SCHOOL: Complete Part 2. Return this form to Freedom Alliance to the mailing address or email address shown in the upper right corner. 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.

Part 1 - Student

Student Name _____ Last four digits of SSN _____ Student ID Number _____

2026-2027 Class: Freshman Sophomore Junior Senior

Major _____ / _____
Expected Month / Year Graduation _____

Part 2 - School Use

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

I verify the full-time enrollment/pre-enrollment of the student listed above: Yes No

Name of School _____

Name & Address of Office to Send Scholarship Payment _____

City _____ State _____ Zip _____

Expenses Listed are: Annual One Semester Only

<p>AUTHORIZED EXPENSES 2026-2027 ACADEMIC YEAR</p>	<p>OTHER GRANTS, AWARDS & SCHOLARSHIPS 2026-2027 ACADEMIC YEAR <i>Do Not Include Student Loans or VA Benefits</i></p>
Tuition & Books \$ _____	Pell Grant \$ _____
Room & Board \$ _____	SEOG \$ _____
Transportation \$ _____	State Grant \$ _____
Other Institutional Charges \$ _____	Other Scholarship \$ _____
Total \$ _____	Total \$ _____

Signature of Authorized Representative _____ Title _____ Date _____

Email _____ Phone Number _____