

VERIFICATION OF ENROLLMENT

Dear Registrar,

Alumni student of Capital High School, _____, has earned a scholarship from the Capital High School Foundation 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.

MAIL FORM TO:

CAPITAL HIGH SCHOOL
CHS FOUNDATION
2707 CONGER AVE NW
OLYMPIA, WA 98502

Student Name

Student College ID

Enrollment Dates

Name of University/College/Technical School

Mailing Address

City

State

Zip

Signature of Registrar