



AMERICAN
ASSOCIATION OF
UNIVERSITY
WOMEN

Morgan Hill Branch ♦ Post Office Box 1528 ♦ Morgan Hill, California 95038

**Scholarship Award
Verification of Student Enrollment**

To AAUW-Morgan Hill

Date: _____

This certifies that _____
(Name)

Is enrolled at _____
(University / College)

and is attending on a full-time basis (minimum 12 semester credits)

Note: Checks will be made out to and mailed to your university/college.

Make check payable to: _____ Student ID # _____

Mail to: _____

(Signature of Authorized University/College Official)