

Verification of Eligibility Form

To be completed by Disability Support Services Officer

Disability Support Services Officer Information

Name of Disability Support Services Officer: _____

Email Address: _____

Phone Number: _____

Position: _____

Institution: _____

Signature: _____

Applicant Information

Name of Applicant: _____

Year in School: _____

Is disability information on file? (check one) Yes ___ No ___

Is student using support services regularly? (check one) Yes ___ No ___

Is applicant currently enrolled? (check one) Yes ___ No ___

Institution Information

Name and address of office on your campus responsible for distribution of external scholarships: