



## 2009 SWASAP SCHOLARSHIP VERIFICATION FORM

Scholarship Applicant: \_\_\_\_\_

TRIO Directors:

You must submit, via fax, a signed copy of this verification form that certifies that the application submitted electronically is accurate, complete, and readily verifiable. Once the document is signed, please fax the verification form to Scholarship Chair, Brina Ford at (580) 745-7453. **Please do not fax a copy of the entire scholarship application packet.**

Cumulative G.P.A. as of December 1, 2008: \_\_\_\_\_

**Please indicate your state organization affiliation (you must be a member in good standing for your student to be considered for a scholarship):**

- Δ AASAP
- Δ LASAP
- Δ ODSA
- Δ TASSSP
- Δ NMWTASAP

\_\_\_\_\_  
Name of TRIO Director (print)

\_\_\_\_\_  
Signature and Date

**\*Any person who knowingly makes a false statement or misrepresentation on the scholarship application submission is subject to the applicant's disqualification from consideration of scholarship funding.**