

P O Box 8168, Warner Robins, GA 31095

**Mission: Create educational opportunities for students in Houston County who wish to attend *Fort Valley State University***

***Request for Verification Letter***

***Please fill out form, sign, and mail to:***

***FVSU Warner Robins Area Alumni Chapter***

***ATTN Scholarship Foundation***

***P O BOX 8168***

***Warner Robins GA 31095***

**General Student Information**

**Scholarship Recipient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Recipient’s Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Recipient’s Student Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Recipient listed above is enrolled at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current student status: ( ) Full-time ( ) Part-time**

**\*\*\*Affix Official Seal of the College /University**

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**Registrar’s Signature Date**