UWA | ONLINE

The University of West Alabama

**Community College Connect
Scholarship Program**

Participant Verification Form

Participant's Last Name	
Participant's First Name	
UWA Student ID Number (7 Digits)	
Community College Attended	
Community College Address	
Did you complete all General Education requirements at the Community College listed above? (Yes or No)	
Did you graduate from the Community College listed above? (Yes or No). If 'Yes' what degree did you obtain?	
Will you be using a Federal VA Benefit(s) in conjunction with this scholarship? If yes, which benefit(s)?	

*An incomplete form will not be accepted.

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for the Community College Connect Scholarship Program. UWA reserves the right to obtain additional verification at any point and for any reason in order for the Participant to join or remain in the Community College Connect Scholarship Program. I certify that I have read and agree to the terms and conditions of the Community College Connect Scholarship Program and that I am responsible for adhering to any changes made to the Community College Connect Scholarship Program while in the program. Additional terms and conditions may apply.

_____ _____

Participant's   Date
Signature

Please email your completed form to communitycollegeconnect@uwa.edu