

# International Chapter P.E.O. Sisterhood



International Chapter P.E.O. Sisterhood  
P.E.O. Executive Office  
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## Proof of Enrollment Form

### TO THE APPLICANT:

Each applicant requesting financial assistance from the P.E.O. Program for Continuing Education is required to give this Proof of Enrollment Form to the academic dean or dean of students at the college, university or other school where this educational grant is to be used. In signing your name on the signature line below, you give your permission to release confidential information to the Board of Trustees of the P.E.O. Program for Continuing Education. Once completed, upload the Proof of Enrollment form.

NAME (Please print) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ STUDENT ID NUMBER \_\_\_\_\_

GRANT TO BE APPLIED TO EDUCATIONAL TERM STARTING (Date) \_\_\_\_\_

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### TO THE DEAN OF STUDENTS OR REGISTRAR'S OFFICE OR DIRECTOR OF CURRENT PROGRAM:

The following information will be used only for purposes of determining eligibility under the policies of the fund. Please answer the questions below and stamp your institution's seal at the bottom. Do not separate the top of the form from the bottom.

Please return the completed form to the student. If you have any questions or wish to submit the completed form directly, please refer to the contact information at the top of the page.

1.) **Is the student presently enrolled in this school for the term start date above?**

\_\_\_\_\_

2.) **Please state the student's anticipated degree/certification upon completion of the program.**

\_\_\_\_\_

3.) **Please supply the name of the accreditation agency for this school/program.**

\_\_\_\_\_

PRINT NAME \_\_\_\_\_

SIGN HERE \_\_\_\_\_

DATE \_\_\_\_\_

JOB TITLE \_\_\_\_\_

COLLEGE/UNIVERSITY/OR ACCREDITED \_\_\_\_\_

\_\_\_\_\_



Institution's Seal