**TRIO Proof of Participation**

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| **Today’s Date:** Click here to enter today’s date. | | |
| **Participant Name:** Click here to enter First Name.Click here to enter Last Name. | | |
| **TRIO Program Director Name:** Click here to enter Director’s Name. | | |
| I verify the above named student is an active participant with Choose TRIO Program. | | |
| at Click here to enter Institution/Organization. | | |
| Choose TRIO Program holds an institutional membership with the TRIO New Mexico Association. | | |
| Thank you for your consideration of our student for the TRIO NM Scholarship. | | |
| Sincerely, | | |
| Please print form and sign your name or type in your name which will serve as your electronic signature | | |
| Director’s Name. | | |
| Choose TRIO Program. | | |
| Click here to enter Institution/Organization. | | |
| Click here to enter Director’s Phone Number. | | |
| Click here to enter Director’s E-mail. | | |
| Click here to enter Program Mailing Address. | | |
| City | New Mexico | Zip Code |

**Scholarship awards** are in check form and written to the individual recipient.

**Scholarship checks** will be mailed to the sponsoring TRIO Program Director.