**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.