# Verification of Eligibility Form

To be completed by Disability Support Services Officer

## Disability Support Services Officer Information

Name of Disability Support Services Officer:

Email Address:

Phone Number:

Position:

Institution:

Signature:

## Applicant Information

Name of Applicant:

Year in School:

Is disability information on file? (check one) Yes No

Is student using support services regularly? (check one) Yes No

Is applicant currently enrolled? (check one) Yes No

## Institution Information

Name and address of office on your campus responsible for distribution of external scholarships: