

ENROLLMENT CONFIRMATION

Student Name	:		
Student Email:			
Year Graduate	ed from Newton Communit	y School District:	
College:			
Student Num	nber:	(Optional)	
The above named		ng the acao	lemic school year
College Official's S	Signature:		
College Official's S		Date:	
	Title:		
The check will be set	Title:	Date:	
The check will be set	Title:	Date:	

Enrollment confirmation may be sent to:

Newton Dollars for Scholars P.O. Box 1492 Newton, IA 50208

The college may use this form or any one they choose. Confirmation of enrollment may also be emailed to kirchg@pcpartner.net.