



AMVETS NATIONAL SCHOLARSHIP PROGRAM CERTIFICATE OF REGISTRATION



The Registrar or designated representative of the College or University at which the AMVETS National Scholarship recipient is enrolled must complete and sign the **Certificate of Registration** for each academic year and return it to:

**AMVETS National Headquarters
ATTN: Programs Department (Scholarships)
4647 Forbes Boulevard
Lanham, MD 20706-4380**

PLEASE PRINT

Academic Year: 20_____ ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ other

Name of Student: _____	Date of Registration: _____
Address: _____	
City: _____	State: _____ Zip: _____
Last 4 numbers of Student Social Security: _____	

Name of College/University: _____
Address: _____
City: _____ State: _____ Zip: _____

Send Scholarship Check to:
College/University Name: _____
Attn: _____
Address: _____
City: _____ State: _____ Zip: _____

Name of Registrar or Designated Representative:	

(Printed)	

(Signature)	
Title: _____	Date Signed: _____
Telephone Number: _____	Email address (optional): _____