



LEGACY
FOUNDATION

Laboratory Control Ltd Health Career Scholarship

Proof of Enrollment

To be completed by a representative of the college's or university's *Office of the Registrar*.

I verify that _____ is enrolled in the next
term/quarter/semester _____ in the:
Term dates

_____ (name of program) at

_____ (college/university).

Signature _____ Official Seal/Stamp:

Title _____

Date _____