



LEGACY  
FOUNDATION

**Joe and Catherine Millane Endowed Scholarship**

**Proof of Enrollment**

To be completed by a representative of the high school administrative office or college/university Registrar.

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

\_\_\_\_\_ (name of program) at

\_\_\_\_\_ (high school or university).

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_