



Fry's Food & Drug Scholarship Letter of Eligibility

Calendar Year and Semester

STUDENT INFORMATION

Student Last Name	Student First Name	Middle Initial	10-Digit ASU ID
Street Address	City	State	Zip Code
			Daytime Phone Number

INSTRUCTIONS

1. If you need assistance with completing this form, please contact the Financial Aid and Scholarship Services' (FASS) Corporate Enrollment Partnership Team at 480-965-3200 or email us at corporatepartnership@asu.edu.
2. Complete all sections. Any blank or illegible items may result in a delay processing the ASU Fry's Scholarship.
3. We recommend students apply to Arizona State University, obtain and activate and ASUrite, prior to submitting this form.

Please note: FASS will not apply retroactive scholarships after the last day of class in any semester.

SECTION A: EMPLOYEE INFORMATION

The employee/student should complete this section carefully. This information is essential to award your ASU Fry's Scholarship.

Date of Birth	Employee ID

SECTION B: FRY'S AND STUDENT CERTIFICATION

Please confirm that the above named employee/student is active and eligible for this scholarship program.

Certification Statement: By signing below, I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

Fry's Certifying Official Printed Name	Fry's Certifying Official Signature	Eligible? (Y/N)	Date

Employee/Student Signature	Date