



Wisconsin Department of Public Instruction  
**VERIFICATION OF ENROLLMENT  
 IN THE PRECOLLEGE SCHOLARSHIP PROGRAM**  
 PI-1573-A (Rev. 05-19)

**INSTRUCTIONS:** List **ALL** eligible DPI students with a completed DPI application (PI-1573) that enrolled in and have attended this Precollege Program. An application must be attached for each student listed. If necessary, use additional forms. **Check the last column** only for students you are requesting reimbursement for at this time. If additional funds become available, the eligible students not checked may be reimbursed at that time. **Complete at the midway point of the program** and submit to:

**WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION  
 PRECOLLEGE SCHOLARSHIP PROGRAM  
 Attn: ALISIA MARQUEZ  
 101 WEST PLEASANT STREET, SUITE 110  
 MILWAUKEE, WI 53212**

| I. GENERAL INFORMATION  |                      |                            |                          |
|-------------------------|----------------------|----------------------------|--------------------------|
| Precollege Program Name | College / University | Begin Date <i>mm/dd/yy</i> | End Date <i>mm/dd/yy</i> |

This enrollment was related to the precollege scholarship award(s) made for to these student(s). *Itemize award amounts per recipient.*

| Student Name<br><i>Please Alphabetize by Last Name</i> | Birthdate<br><i>mm/dd/yy</i> | Check if Requesting Reimbursement |
|--|------------------------------|-----------------------------------|
|  |                              | <input type="checkbox"/>          |

| II. SIGNATURES |  |  |
|----------------|--|--|
|----------------|--|--|

**I CERTIFY** that the information provided on this application is true and correct to the best of my knowledge.

|                |                |                             |
|----------------|----------------|-----------------------------|
| Name           | Title/Position |                             |
| Email Address  | FAX Area/No.   | Telephone Area/No.          |
| Signature<br>➤ |                | Date Signed <i>mm/dd/yy</i> |

| FOR DPI USE ONLY |  |  |  |
|------------------|--|--|--|
|------------------|--|--|--|

Approved       Approved as amended       Pending       Disapproved

|   |                             |
|---|-----------------------------|
| Signature of DPI Official Responsible for Verification<br>➤ | Date Signed <i>mm/dd/yy</i> |
|---|-----------------------------|