Scholarship Grant Eligibility Verification

Date: [Date]

[Your Name]

[Your Position]

[Your Institution/Organization]

[Institution Address]

[City, State, Zip Code]

To Whom It May Concern,

This letter is to verify the eligibility of [Student's Name] for the [Name of Scholarship] scholarship grant. The purpose of this verification is to confirm that [he/she/they] meets the necessary criteria outlined for this award.

[Student's Name] is currently enrolled in [Program/Field of Study] at [Institution Name] and has maintained a [GPA/Academic Standing]. Furthermore, [he/she/they] has demonstrated [any relevant achievements, financial need, or other criteria].

Based on the evaluation of [his/her/their] academic performance and personal circumstances, it is our belief that [Student's Name] qualifies for the [Name of Scholarship] scholarship grant.

If you require any further information to support this verification, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Institution/Organization]