

**Zion Baptist Church**  
**College Ministry**  
4850 Blagden Avenue, NW  
Washington, DC 20011-3716

**PART II (COLLEGE/UNIVERSITY):** Please certify that the student named below is registered for the coming semester/quarter (or provide an equivalent school form used for such certifications).

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STUDENT'S NAME: \_\_\_\_\_ School ID #: \_\_\_\_\_

I certify that the above-named student is enrolled for the Fall 2018 semester/quarter .

REGISTRAR/FINANCIAL OFFICER SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
*(Include City, State & Zip Code)*

\_\_\_\_\_ PHONE: (    ) \_\_\_\_\_

SCHOOL ID# AND INSTITUTION SEAL: \_\_\_\_\_

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*Please mail form directly to the address at the top of this form.*

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**PART III (ZION BAPTIST CHURCH COLLEGE MINISTRY):** Please provide a copy of this form to the Church Bookkeeper for processing. Once processed, **Church Bookkeeper, please sign below and return the form to the College Ministry.**

\_\_\_\_\_  
*College Ministry Chair*

\_\_\_\_\_  
*Date Received*

\_\_\_\_\_  
*Church Bookkeeper*

\_\_\_\_\_  
*Date Check Mailed to Student*