



P.O. Box 340005 • Nashville, TN 37203-0005
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VERIFICATION OF ENROLLMENT FORM

PART ONE - TO BE COMPLETED BY THE STUDENT

After classes have started for the FALL SEMESTER/QUARTER, present this form to the Registrar for the verification of your enrollment. **IT IS YOUR RESPONSIBILITY TO SEE THAT THE FORM REACHES OUR OFFICE AT THE ABOVE ADDRESS BY THE DEADLINE OF OCTOBER 1.** If possible, you should wait for the Registrar to complete the form and mail it to our office yourself. **We must have this form in our office before we can disburse your award. Your scholarship will be mailed to the Financial Aid Office at your school in October.**

Name of Scholarship Awarded _____

Student's Name (please print) _____ Social Security Number _____

Permanent Mailing Address _____
Street Address/P.O. Box City State Zip

E-mail Address _____ Phone _____

I authorize _____ to release to the **United Methodist Higher Education Foundation**, all information requested below.

Student's Signature _____ Date _____

PART TWO - TO BE COMPLETED BY THE REGISTRAR

After classes have started for the Fall Semester/Quarter

The above student has been awarded a scholarship from the **United Methodist Higher Education Foundation**. This form should be completed by the Registrar verifying the student's enrollment for the Fall Semester/Quarter. In order for our office to have time to process the disbursement, verification of the student's enrollment must be received in Nashville at the address above **BY OCTOBER 1.** PLEASE NOTE: We will accept a certification letter on school letterhead in lieu of this form. Faxed and or photocopies of the data will not be accepted.

_____ is enrolled and classes have started for the Fall Semester/Quarter.
Student's Name

Number of Hours student is currently enrolled? _____ **Number of Hours required for full-time status?** _____

Signed _____ Date _____

Title _____ School Name _____

Phone _____ E-mail Address _____

