



UMHEF Scholarships Administrator • P.O. Box 340005 • Nashville, TN 37203-0005 • (615) 340-7385 • (800) 811-8110

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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.

**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 \_\_\_\_\_

