

VERIFICATION OF ENROLLMENT FORM



UMHEF Scholarships Administrator
P.O. Box 340005 • Nashville, TN 37203-0005
(800) 811-8110 • (615) 649-3974 • umhefscholarships@umhef.org • www.umhef.org

PART ONE: TO BE COMPLETED BY THE STUDENT (AFTER CLASSES HAVE STARTED)

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 check will be mailed to the Financial Aid Office at your school by November 15.**

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 _____
Name of School

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 our Nashville office at the address above BY OCTOBER 1.** *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 _____

