

# VERIFICATION OF ENROLLMENT FORM



UMHEF Director of Scholarships  
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, 2023.** 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 by the **United Methodist Higher Education Foundation**. The following portion of this form should be completed by the Registrar verifying the student's enrollment for the fall semester. 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, 2023.** 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 \_\_\_\_\_

