

2024-2025 VERIFICATION OF ENROLLMENT FORM



This form is the final step to completing your UMHEF scholarship award! Our staff processes hundreds of these forms every fall.

IMPORTANT NOTE: In order to expedite sending funds to 100+ schools, we cannot confirm receipt of every VOE. Please know that if we do not have your form by the October 1 deadline, we will contact you. If you do not hear from us soon after, we have received it.

COMPLETE AND RETURN BY OCTOBER 1, 2024 TO:
UMHEF Director of Scholarships
P.O. Box 340005
Nashville, TN 37203-0005

PART 1: 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, 2024.** 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 2: 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. So that our office has 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, 2024**. We will accept a scanned and emailed copy only from the Registrar's email.

_____ 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 _____

