

3347 Eagle Run Drive, NE Suite B Grand Rapids, MI 49525 888-451-1929 UMFMichigan.org

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 DELIVER THIS FORM TO OUR OFFICE AT THE ABOVE ADDRESS BY OCTOBER 1st. 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 1st.

Student's Name (please print)		Social Se	Social Security Number		
Permanent Mailing Ad	dress				
5	Street Address/P.O. Box	City	State	Zip	
E-mail Address		Phone			
I authorize	School Name	to r	elease to the Un	ited Methodist	
	School Name				
Foundation of Michi	gan, all information requested belo	ow.			
			Date		
Student's Signature			batc	_	
Semester/Quarter. In student's enrollmen	oe completed by the Registrar's (order for our office to have time of must be received at the add of the data will not be accepted	e to process the dis dress above <u>BY OC</u>	bursement, ver	ification of the	
	se print) or the Fall Semester/Quarter.		is e	enrolled and	
Number of Hours stud	ent is <u>currently enrolled?</u> N	umber of Hours <u>requi</u>	red for full-time s	status?	
Signed			Date		
Title	School Nar	me			
Phone	E-mail Addre	ss			

OFFICIAL SCHOOL SEAL