

## 3347 Eagle Run Dr. NE, Suite B • Grand Rapids, Michigan 49525 888-451-1929 UMFMichigan.org

## **VERIFICATION OF ENROLLMENT FORM**

## **PART ONE - TO BE COMPLETED BY THE STUDENT**

After classes have started for the SPRING 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 FEBRUARY 28. 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 March 15th.

Student's Name (please print)		Social Security Number		
Permanent Mailing Addre	ess			
J	Street Address/P.O. Box	City	State	Zip
E-mail Address		Phone		
I authorize		t	o release to the <b>Un</b> i	ited Methodist
	School Name			
Foundation of Michiga	n, all information requested belo	ow.		
			Date	
Student's Signature				
of this form should be Semester/Quarter. <b>In o</b> <b>student's enrollment</b>	een awarded a scholarship from to completed by the Registrar's Off rder for our office to have time must be received at the add f the data will not be accepted	fice verifying the sector of the contract of t	student's enrollment disbursement, ver	t for the Spring ification of the
Student's Name (please classes have started for		is enrolled and		
Number of Hours studen	nt is <u>currently enrolled?</u> No	umber of Hours <u>rec</u>	quired for full-time s	status?
Signed			Date	
Title	School Nan	ne		
Phone	E-mail Addres	SS		

OFFICIAL SCHOOL SEAL