United Methodist Foundation of Michigan

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 Address _____
Street Address/P.O. Box City State Zip

E-mail Address _____ Phone _____

I authorize_____to release to the **United Methodist**
School Name

Foundation of Michigan, all information requested below.

_____Date_____
Student's Signature

PART TWO - TO BE COMPLETED BY THE REGISTRAR'S OFFICE

The above student has been awarded a scholarship from the United Methodist Foundation of Michigan. Part Two of this form should be completed by the Registrar's Office verifying the students' enrolment for the Spring Semester/Quarter. **In order for our office to have time to process the disbursement, verification of the student's enrollment must be received at the address above BY FEBRUARY 28. Electronic, faxed and/or photocopies of the data will not be accepted.**

Student's Name (please print)_____ is enrolled and classes have started for the Spring Semester/Quarter.

Number of Hours student is currently enrolled?_____Number of Hours required for full-time status? _____

Signed_____Date _____

Title_____School Name _____

Phone _____ E-mail Address _____

OFFICIAL SCHOOL SEAL