



SCHOLAR ENROLLMENT VERIFICATION FORM

Spring 2014

Enter the required information below. Include notification from your school confirming any change in your curriculum or date of graduation. Return a copy of this form, along with a copy of your unofficial transcript to the above fax number. Failure to submit this form or accurately complete all fields may delay your Tuition and Stipend payments.

Personal Information:

Name: _____ Last 4 digits of SSN: _____
 Mailing Address: _____ Phone (Day): _____
 City: _____ State: _____ ZIP: _____ Phone (Evening): _____
 Email (School): _____ Email (Home): _____

Emergency Contact:

Name: _____ Relationship: _____
 Phone: _____ Email Address: _____

Program Information:

School Name: _____ Discipline: _____ Specialty: _____
 Address: _____ School Start Date: _____ Graduation Date: _____
(mm/dd/yyyy)
 City: _____ State: _____ ZIP: _____
 Program Length: _____ Year In School: _____ Final Term? _____ If Yes, Last Day of Class: _____
 Yes No _____

Indicate your current in-school status below:

- Full time curriculum (in good standing)
- On an approved leave of absence
- Part-time curriculum
- Repeating coursework
- On academic probation (Explain below)
- Withdrawn from school (Explain below)
- Declining support from: _____ until: _____
- Other status (Explain below)
- Use this space to explain: _____

Certification: I certify that the information provided on this Scholar Enrollment Verification Sheet is accurate and complete to the best of my knowledge and belief. I understand that any willfully false statements made herein may be investigated and may be punishable as a felony under U.S. Code, Title 18, Section 1001.

Scholar Signature: _____ School Official's Signature: _____
 Title: _____
 Print Name: _____
 Date: _____ Print Name: _____
 Date: _____ Phone: _____
 Email: _____

<u>(Official Use Only)</u>	
<p>Reviewed and Approved:</p> <p><input type="checkbox"/> EVF <input type="checkbox"/> Transcript</p> <p>_____</p> <p>Date</p>	<p>_____</p> <p>NHSC SP Analyst Signature</p> <p>_____</p> <p>Print Name</p>