FALL 2017
Scholar Enrollment Verification Form (EVF)

To receive an NHSC award, you must be enrolled full time and be in good academic standing by September 30, 2017. This document must be fully completed and signed by you and your school official.

Current year school term system: ☐ **Semester** ☐ **Quarter** ☐ **Trimester** ☐ **Block** ☐**Other**

Did you complete summer courses in 2017 for the degree program that you are currently enrolled? Yes No

PERSONAL INFORMATION

Name: _____	Phone (Day) : _____
Mailing Address:_____	Phone (Evening): _____
	Email (Primary): _____
City: _____State: _____Zip:_____	Email (Secondary):_____

PROGRAM INFORMATION

School Name: _____ State:_____	Program Start date: ___/___/_____ (MM DD YYYY)
Program Length: _____ Year in Program: _____	Tentative Graduation date: ___/___/_____ (MM DD YYYY)
Discipline: _____	Last date of class: ___/___/_____ (MM DD YYYY)
Specialty: _____	Is this your final term: ☐ Yes ☐ No

SELECT YOUR CURRENT IN-SCHOOL STATUS BELOW (check all that apply):

☐ Full Time (in good academic standing)	☐ Part Time	☐ Repeating coursework
☐ On an approved leave of absence	☐ On academic probation (explain below)	☐ Other status (must explain below)

Explain:

I certify that the information provided on EVF 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's Signature Date	_____ School Official's Name
_____ School Official Signature Date	Phone: _____
	Email: _____