

WORKFORCE DEVELOPMENT SCHOLARSHIP ACTUAL PRACTICE VERIFICATION FORM FOR UMMC SERVICE SCHOLARSHIP RECIPIENTS

This verification of actual employment/practice for deferment and/or cancellation request form must be completed each year until all financial obligations are met. Failure to complete this form annually may result in the immediate demand of payment. **ALL requests for deferment and/or cancellation are subject to approval.**

1. Maintain full-time employment and enrollment in a program relevant to his or her job description and approved by his or her supervisor.
2. Maintain six months of full time employment at UMMC for each semester the scholarship is provided.
3. Provide the Office of Student Loans with written verification of full-time UMMC employment upon graduation, withdrawal/dismissal, or non-enrollment.

SECTION 1. TO BE COMPLETED BY RECIPIENT

UMC EMPLOYEE# _____

| | | |
|---------------------------|--------|-------------------------|
| LName: | FName: | Last Four Digits of SSN |
| Street Address: | | |
| City: | State: | Zip: |
| Telephone: | Email: | Job Title: |
| Loan/Scholarship Program: | | Name While Enrolled: |

PLEASE SELECT TYPE/REASON:

| | | |
|---------------------------------|------------------------------------|----------------------------|
| DEFERMENT <input type="radio"/> | CANCELLATION <input type="radio"/> | BOTH <input type="radio"/> |
| Deferment FROM (mm/dd/yyyy) | | TO (mm/dd/yyyy) |
| Cancellation FROM (mm/dd/yyyy) | | TO (mm/dd/yyyy) |

RECIPIENT SIGNATURE: _____ DATE: _____

SECTION 2. TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR OR HR REPRESENTATIVE

| | |
|---------------------------------|------------|
| Employer Name/Department: | |
| Address: | |
| Email: | Telephone: |
| Dates of Full-Time Employment : | |
| Supervisor Name/Title: | |
| Signature: | Date: |

**Official Stamp
or Seal**
If no stamp or seal is available, please
provide letterhead certification

PROCESSED BY _____ DATE _____