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

<table>
<thead>
<tr>
<th>LName:</th>
<th>FName:</th>
<th>Last Four Digits of SSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
<td>Zip:</td>
</tr>
<tr>
<td>Telephone:</td>
<td>Email:</td>
<td>Job Title:</td>
</tr>
</tbody>
</table>

Loan/Scholarship Program: ____________________________ Name While Enrolled: ____________________________

**PLEASE SELECT TYPE/REASON:**

**DEFERMENT** ☐  **CANCELLATION** ☐  **BOTH** ☐

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 ____________

Revised 05/17