


Underwood-Smith
 **TEACHER**
 — SCHOLARSHIP —

TO BE COMPLETED BY RECIPIENT	PART I Please Print	UNDERWOOD-SMITH TEACHER SCHOLARSHIP PROGRAM EMPLOYMENT VERIFICATION FORM
		<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Last Name First Name MI </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Current Address City </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> State Zip Phone XXX-XX- </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Last Four of SSN </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> E-mail </div> <p>This is to certify I am teaching/taught full time in a public or private nonprofit preschool, elementary, middle or secondary school in West Virginia for one year.</p> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Recipient Signature Date </div>
	PART II	Teaching Dates for One Academic Year: From ____/____/____ To ____/____/____ Month / Year Month / Year <p>Are you submitting this form for (check one): <input type="checkbox"/> Deferment <input type="checkbox"/> Cancelation <input type="checkbox"/> Both</p> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Grade Level(s) Being Taught Subject(s) Being Taught </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Name of County Board Office Name of School </div> <p>To verify your employment, you must attach a letter from employer on letterhead verifying your full time employment during the above one-year time period including: start and ends dates, whether you are currently employed, and your position title.</p> <p><i>Do not submit for partial years of service, unless you are no longer employed.</i></p>
Return form to:		West Virginia Higher Education Policy Commission Underwood-Smith Teacher Scholarship Program 1018 Kanawha Boulevard East, Suite 700 Charleston, West Virginia 25301 Fax: (855) 292-1415 E-mail: Underwoodsmith@wvhepc.edu