

		UNDERWOOD-SMITH TEACHER SCHOLARSHIP PROGRAM ENROLLMENT VERIFICATION FORM				
TO BE COMPLETED BY RECIPIENT		Last Name		First Name		MI
	Please Print	Current Address City				
	Pleas	State Zip	Phone	<u>XXX-</u> Last F	XX- Four of SSN	
TO BE COMPLE	PART 1	E-mail This is to certify I am pursuing a full time course of study related to the pursu credential during the <u>FALL / SPRING</u> semester of (circle one) (year)				ursuit of a teaching
		Student Signatu	ıre		Date	
CERTIFICATION BY INSTITUTION	PART II	Program/Majo	nly) g: From/_ Month / Year r Field of Study ne and Address:	ToMonth /	Expected Date	e of Graduation OFFICIAL SEAL
	d	I certify the person named above is/was enrolled as a FULL-TIME student for the period stated above. Registrar Signature Date				
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@wyhenc.edu				