

WV STEM Scholarship Employment Verification Form

Student Information	n: Please check	k request:	_ Deferment	_Cancellation	Both
Last Name		First Name			
Current Address					
City		 State	- Zip		Phone
City		State	Ζίμ		Filone
Email Address					Last 4 of SSN
This form is submitted t	to certify that I am/have	been workii	ng in a STEM ap	proved occup	oation, full-time,
in West Virginia.					
Signature			Da	ate	
Employment Inform	nation:				
Employment Date:	Begin/_	to			
	Month Year			'ear	
	ent, you must attach a letto pproved occupation. Plea				
status, and your position					
Name of Employer:					
Address of Employer: _					
	Address		City	State	Zip
Job Title & Description:					

Return to:

WV Higher Education Policy Commission Attn: WV STEM Scholarship 1018 Kanawha Blvd East, Suite 700 Charleston, WV 25301

Email: wvstem@wvhepc.edu
Fax: (800) 292-1415



Reviewed:	
Cancel:	to
Defer:	to
Balance:	
Notes:	