

	PART 1 Please Print	UNDERWOOD-SMITH TEACHER SCHOLARSHIP PROGRAM EMPLOYMENT VERIFICATION FORM 2019 and PRIOR				
TO BE COMPLETED BY RECIPIENT		Last Name			First Name	MI
		Current Address			City	
		State	Zip	 Phone	- XXX-XX- Last Four of SSN	
FO BE COMPLI		E-mail 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.				
•		Recipien	t Signature	.	Date	
VERIFICATION OF EMPLOYMENT	PART II	Teaching Dates for One Academic Year: From/ To/ Month / Year				
		Grade L	evel(s) Bei	ing Taught	Subject(s) Being Taught	
		Name of	f County B	oard Office	Name of School	
		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. Do not submit for partial years of service, unless you are no longer employed.				
Return form to:				Underwood-Smi 2001 Union Carl Building 2000 South Charlesto		