



WV STEM Scholarship Enrollment Verification Form

Student Information:

Last Name First Name MI

Current Address

City State Zip Phone

Email Address Last 4 of SSN

This form is to certify I am pursuing a full-time course of study related to the pursuit of an engineering, science, or technology credential during the ___ Fall ___ Spring ___ Summer of _____ year.

Signature Date

Certification by Institution: this section is to be filled out by the institution each semester.

Enrollment Date: Begin ____/____/____ to ____/____/____
Month Year Month Year

Program/Major Expected Graduation Date

Institution Name and Address: _____

Official Seal

I certify that the person named above is/was enrolled as a full-time student for the period stated above.

Certifying Official Date

Return to:
WV Higher Education Policy Commission
Attn: WV STEM Scholarship
2001 Union Carbide Drive
Building 2000
South Charleston, WV 25303
Email: wvstem@wvhepc.edu
Fax: (800) 292-1415



For Office Use Only
Reviewed: _____
Cancel: _____ to _____
Defer: _____ to _____
Balance: _____
Notes: _____
