



Marguerite Ross Barnett Memorial Scholarship Program Employment Verification Form

3515 Amazonas Drive, Jefferson City, MO 65109-5717 • www.dhe.mo.gov
Phone: 573-751-2361 Fax: 573-751-6635 Information Center: (800) 473-6757

INSTRUCTIONS

This form must be completed and submitted to the student financial aid office at the Missouri school you are attending, or that you plan to attend, at the time that the financial aid office requests the scholarship funds. The completed verification form may be submitted to the student financial aid office at the school by you or the employer. The verification form is to be kept by the school for file purposes.

I. STUDENT SECTION

Complete this section and submit the form to your employer. Be sure to include the complete name and address of the school you are attending, or that you plan to attend, so the employer may submit the form to the student financial aid office at the school.

Last Name	First Name	MI	Social Security Number
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Period of Enrollment: Month _____ Year _____ to Month _____ Year _____

Name of the approved Missouri school you are attending, or that you plan to attend			
Street Address	City	State	Zip Code

I, the applicant, certify that the information contained in Section I of this form is true, complete, and correct. (Your signature also authorizes the MDHE to verify your employment with your employer.)

Print Name of Student

Signature of Student

Date

II. EMPLOYER SECTION

Complete this section of the form. The completed form may be submitted by you to the student financial aid office at the school the student is attending or plans to attend. The name and address of the school are listed in Section I above. The completed form may also be given to the student to be submitted to the school.

Name of Employer	Phone	
Employer Street Address	State	Zip Code

Is the applicant currently employed and compensated for at least twenty (20) hours or more per week?

Yes No

Dates of the most recent week that the applicant was employed and compensated for at least twenty (20) hours or more:
Month _____ Day _____ Year _____ to Month _____ Day _____ Year _____

Note: The applicant must be employed and compensated for at least twenty (20) hours or more per week at the time the scholarship funds are credited or delivered to the applicant.

I, the employer, certify that the information contained in Section II of this form is true, complete, and correct to the best of my knowledge.

Print Name of Supervisor/Employer

Signature of Supervisor/ Employer

Date

AS A REMINDER, THE EMPLOYMENT VERIFICATION FORM MUST BE RETURNED TO THE INSTITUTION LISTED IN SECTION I.