

Renewal Scholarship
Verification Form

North Lake United Methodist Church
Christian Covenant Endowment Committee
14111 N. Territorial Rd Chelsea Mi 48118

Name of Applicant / Permanent address	Educational Institution
Name _____	Name _____
Address _____	Address _____
City, State _____	City, State _____
	Phone # _____

Applicants Name _____

Applicants School ID# _____

I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months.

Signature _____ Date _____

THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION

The above-named individual is applying to renew their scholarship that requires verification of student eligibility status. The individual has signed the release above giving you permission to supply us with the information requested below. Please sign and return the completed form via mailing address or email attachment.

Is the above named individual a student at this educational Institution? Yes No

The current semester/term at this school is _____ (example winter 2022, fall 2022)

The last semester/term above individual attended was _____ (example winter 2022, fall 2022)

Does the above named individual have a 3.00/B or above GPA? Yes No

The individual has been enrolled at this school since (month, day, year) _____

Anticipated graduation date (month/year) _____

Vocational Training Programs

Is the individual named above enrolled is a vocational program at this institution? Yes No

If yes, please complete the following information : Name of Program _____

The individual has been enrolled at this school since (month, day, year) _____

Name of Certification or Degree to be earned _____

Anticipated completion/graduation date (month/year) _____

Does the above named individual have a 3.0/B or above GPA? Yes No

I hereby certify that the information above is true and completed to the best of my knowledge.

Signature: _____

Print Your Name _____

Date _____