

Robert Hearin Medical/Dental Scholarship, Barksdale Scholarship, Best and Brightest Scholarship, Leonard Scholarship, Luper Scholarship, MCPN Primary Care Scholarship, and Warren County Scholarship



STUDENT LOANS OFFICE

2500 N. State Street, Jackson, MS 39216
Phone: 601.984.1035 Fax: 601.984.6984

ACTUAL PRACTICE VERIFICATION FORM FOR UMMC SERVICE SCHOLARSHIP RECIPIENTS

This verification of actual employment/practice for deferment and/or cancellation request form must be completed each year until all financial obligations are met. Failure to complete this form annually may result in the immediate demand of payment. **ALL requests for deferment and/or cancellation are subject to approval.**

SECTION 1. TO BE COMPLETED BY RECIPIENT

LName:	FName:	Last Four Digits of SSN
Street Address:		
City:	State:	Zip:
Telephone:	Email:	
Loan/Scholarship Program:	Name While Enrolled:	

PLEASE SELECT TYPE/REASON:

DEFERMENT FOR RESIDENCY <input type="radio"/>	DEFERMENT FOR PRACTICE <input type="radio"/>	CANCELLATION FOR PRACTICE <input type="radio"/>
Deferment FROM (mm/dd/yyyy)	TO (mm/dd/yyyy)	
Cancellation FROM (mm/dd/yyyy)	TO (mm/dd/yyyy)	
Mississippi Employment <input type="radio"/>	UMMC Employment <input type="radio"/>	Out of State Residency <input type="radio"/>

RECIPIENT SIGNATURE: _____ **DATE:** _____

SECTION 2. TO BE COMPLETED BY EMPLOYER'S DEPARTMENT HEAD, HR REPRESENTATIVE, OR RESIDENCY DIRECTOR

Employer Name/Name of Practice:	
Address:	
Email:	Telephone:
Dates of Employment:	
Department Head/HR Representative/Residency Director:	
Signature:	Date:

**Official Stamp
or Seal
If no stamp or seal is available,
please provide letterhead
certification**

PROCESSED BY _____ DATE _____