ROBERT HEARIN NURSING SCHOLARSHIP

HEALTH CARE PROFESSIONS STUDENT LOAN

THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

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.**

- **Please submit a copy of your professional license with completed form.**
- **PLEASE NOTE: Healthcare Profession's recipients, please provide your UMC Employee#**

SECTION 1. TO BE COMPLETED BY RECIPIENT UMC EMPLOYEE#_____

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 ◯	CANCELLATION ◯	BOTH ◯
Deferment FROM (mm/dd/yyyy)	TO (mm/dd/yyyy)	
Cancellation FROM (mm/dd/yyyy)	TO (mm/dd/yyyy)	
Mississippi Employment ◯	UMMC Employment ◯	Out of State Residency ◯

RECIPIENT SIGNATURE: _____ **DATE:** _____

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

Employer Name/Name of Practice	
Address:	
Email:	Telephone:
Dates of Full - Time Employment (RN-Submit RN Hire Date Only)	
Department Head/HR Representative:	
Signature:	Date:

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

PROCESSED BY_____ DATE _____