Marguerite Ross Barnett Scholarship Program
Employment Verification Form- Fall 2015

This form must be completed and returned to the University of Missouri–St. Louis, Office of Student Financial Aid by Friday, September 25, 2015.

STUDENT SECTION

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Student Number</th>
</tr>
</thead>
</table>

Period of Enrollment: August 24 – December 19, 2015

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

Signature of Student: _______________________________

EMPLOYER SECTION:

Employer, please complete this section of the form. The completed form can be returned to the student or sent directly to Student Financial Aid, by mail to the address or faxed to the number listed above.

<table>
<thead>
<tr>
<th>Name of Employer</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>City</td>
</tr>
<tr>
<td>State</td>
<td>Zip Code</td>
</tr>
</tbody>
</table>

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 twenty (20) hours or more:

Month_____ Day_____ Yr_____ to Month_____ Day_____ Yr_____

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 to the applicant.

I, the employer, certify that the information contained in the Employer Section is true, complete and correct to the best of my knowledge:

(Print) Name of Supervisor/Employer  ___________________________  Signature of Supervisor/Employer  ___________________________