



CNMI SCHOLARSHIP OFFICE

Caller Box 10000 Phone: 670-664-4750/2

Email: compliance@cnmischolarship.net

Employment Verification: Information provided is subject for verification.

Personal Information:	Social Security No:
To be completed by Applicant	
Name: (Last, First MI)	
Mailing Address: City/State/Zip	E-Mail Address:
Date of Birth (M/D/Y)	Place of Birth:
Marital Status: O Single O Married O Divorce	Contact No:
I hereby authorize the employer to release my e Scholarship Office. In addition, I authorize the So provided.	
Signature of Applicant	 Date
Employment Information: To be complete	ed by Employee Position Title:
Employers Human Resource Manager/Supervisor Name of Employer:	
Mailing Address: City/State/Zip	E-Mail address:
Start Date of Employment:	Contract Expiration Date
Job Status: O Permanent O Contract O Other, specify:	Length of Employment
O Part-Time O Full-Time (32 hrs & above)	Years Months
Name of Employer or Representative:	
Employers Title:	Contact No:
Certified By: (Print and Sign)	 Date

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