



ANDREW M. CUOMO
Governor

Senator Patricia K. McGee Nursing Faculty Scholarship Program
Employment Verification Form

Applicant:

Please enter your name below and have your employer complete both pages of this Form and return it to NYS Higher Education Services Corporation (HESC) using one of the following options:

- Email: scholarships@hesc.ny.gov
- Fax: 518-474-2839 to the attention of the Scholarship Unit
- Mail: HESC, Scholarship Unit, 99 Washington Avenue, Albany, NY 12255

Employee Name: _____

Employer:

Please complete all sections below. Contact the HESC Scholarship Unit at 888-697-4372 or scholarships@hesc.ny.gov with questions.

Note this form must be notarized prior to returning it to HESC.

Employee Address of Record: _____

Job Title: _____

Employment Period: ___/___/___ - ___/___/___ Average # of hours worked per week: _____

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Certification:

All of the information provided on this Form and any attachments are true and complete to the best of my knowledge. I understand that the information provided and the representations made will be relied upon by the New York State Higher Education Services Corporation (HESC) in connection with the Employee's application for the above referenced Program and will be made a part of the Applicant's/Employee's official record maintained by HESC.

Employer: _____

Employer Address: _____

Employer Signature: _____

