

**College Enrollment and/or Employment Verification Form**

This College Enrollment/Employment Verification form is to be **fully completed and the original mailed (FAXES NOT ACCEPTED)** to the Southside Forgiveness Loan Program along with the necessary support documentation. If you do not send this information as required, it will result in your having to pay the money you got from the VA Tobacco Commission. For assistance, call Melissa Warden, Southside Loan Repayment Coordinator at 276-619-4373.

**INSTRUCTIONS:** **Section I** to be completed by the student who received the money, including his/her signature at the bottom. **Along with this form, the student must send an official letter with enrollment dates from his/her Registrar's office listing the last semester that he/she was enrolled.**

**Section II** to be completed by the student's employer. **An official letter from the school or company you work for written on official letterhead giving your start and end dates of employment must be attached to the form.**

*Beginning January 1, 2010 and retroactive to that date, forgiveness of a loan will be given to anybody who is employed full-time in one of the approved 24 counties or cities: Amelia, Appomattox, Bedford, Brunswick, Buckingham, Campbell, Charlotte, Cumberland, Dinwiddie, Franklin, Greensville,, Halifax, Henry, Lunenburg, Mecklenburg, Nottoway, Patrick, Pittsylvania, Prince Edward, Sussex and Cities; Bedford, Danville, Emporia, and Martinsville.*

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**SECTION I:** To be completed by the applicant

- Last 4-digits of the Social Security Number: \_\_\_\_ ▪ \_\_\_\_ ▪ \_\_\_\_ ▪ \_\_\_\_
- Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
Permanent Mailing Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Email Address: \_\_\_\_\_ (Required)  
Phone Numbers (H) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (W) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Name of College or University: \_\_\_\_\_  
Year Degree Completed or Expect to Complete: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_  
Major: \_\_\_\_\_ Minor: \_\_\_\_\_

**If you are still enrolled in college you must send** a letter with the dates you were enrolled along with this form. Your loan will become due and payable unless this letter is received from your Registrar's Office.

- I give permission to the Authorized Representative from the organization in which I am employed \_\_\_\_\_, (Employer Name) to certify my full-time employment within one of the 24 Southside Virginia localities. **(COMPLETE ONLY IF EMPLOYED)**

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Applicant's Signature

Date

**STOP HERE IF YOU ARE NOT EMPLOYED! IF EMPLOYED, COMPLETE  
SECTION II ON THE BACK PAGE**

VIRGINIA TOBACCO INDEMNIFICATION COMMUNITY AND COMMUNITY REVITALIZATION COMMISSION  
SOUTHSIDE TOBACCO LOAN FORGIVENESS PROGRAM

**SECTION II:** In order for the above named person to receive a year of forgiveness towards a previous award from the Southside Tobacco Loan Forgiveness Program, this form needs to be completed by an authorized representative of the business employing the award recipient. **A letter on your official letterhead verifying employment of the individual named in Section I must accompany this form for the person to receive forgiveness/cancellation on their loan.**

The individual named in Section I is employed full time as a \_\_\_\_\_ at

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**Employment Information:**

1. Employment start date, employed full-time \_\_\_\_\_

2. Employment end date, if applicable \_\_\_\_\_

3. Job title/position held: \_\_\_\_\_

a. Education Requirement for employment in this position: \_\_\_\_\_

b. If teaching, please list the first year certified and employed: \_\_\_\_\_

4. County/City in which individual is working: \_\_\_\_\_

This is to certify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Official's Signature

\_\_\_\_\_  
Official's Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print the name and title of person completing this form on this line

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The information requested on this form is required to complete requirements for forgiveness from the Southside Tobacco Loan Forgiveness Program.

**Please mail this form to and all supporting documents to:**

**Treasurer of Virginia  
P. O. Box 1987  
One Partnership Circle  
Abingdon, VA 24212-1987**

**\*\*\*FAXES WILL NOT BE ACCEPTED. THE ORIGINAL COLLEGE/EMPLOYMENT VERIFICATION FORM AND SUPPORTING DOCUMENTS MUST BE MAILED TO THE ADDRESS LISTED ABOVE:**