

Nursing Scholarship Program
School Enrollment Verification Form Spring 2009

FORM APPROVED
OMB No. 0915-0301
Expires 07/31/2009

***THIS FORM IS TO BE COMPLETED BY A SCHOOL OFFICIAL**

School Name: _____

State Name: _____

SSN	Name	Date of Graduation	Current Student Status	Year in Program	Comments
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Please indicate in the current student status column, which of the following categories apply. If applicable, list a new graduation date in the comments column.

CATEGORIES: (if applicable list more than 1 number)

- 1 = Full-Time Enrollment **in Nursing Program**
- 2 = Part-Time Enrollment **in Nursing Program**
- 3 = Repeating Course Work

- 4= Leave of Absence
- 5= Withdrawn/ Dropped out of School
- 6= Other Status (please explain)

Explain: _____

By signing my name below, I certify that the current status of the student listed above has been correctly identified from the categories provided above.

SIGNATURE : _____

DATE : _____

PRINT NAME : _____

TITLE : _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

ADDRESS : _____

FAX NUMBER : _____

PUBLIC BURDEN STATEMENT: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0301. Public reporting burden for the applicant for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14-33, Rockville, Maryland, 20857.