



**Nurse Corps Scholarship Program
Graduation/Close out Documentation**

TO BE COMPLETED BY THIRD PARTY BILLING REPRESENTATIVE

1. Date _____
2. Name of Participant _____
3. Institution _____
4. Last Four SSN _____
5. Graduation Date _____
6. NCSP Balance Owed? Yes _____ No _____
 - o If Yes, what is the Balance? _____
 - I have attached copy of invoice. Yes _____ No _____

School Representative Signature

Date

| |
|-------------------|
| School Stamp/Seal |
|-------------------|