HRSA
Health Resources & Services Administration

Nurse Corps Scholarship Program
U.S. Department of Health and Human Services
Health Resources and Services Administration

FORM
OMB No. 0915-0301
Expires 05/31/2021

School Enrollment Verification Form **TERM:** _____

***THIS FORM IS TO BE COMPLETED BY A SCHOOL OFFICIAL** **YEAR:** 2020

School Name: _____ State: _____

SSN (Last 4 digits)	Name	Nursing Program Completion Date	Term/Semester Dates (mm/dd/yy - mm/dd/yy)	Program Year	Graduation Date
☐☐☐☐				◯1 ◯2 ◯3 ◯4	

Enrolled Degree Program: ☐ DIPL ☐ ADN ☐ BSN ☐ ABSN ☐ MSN-NP ☐ Direct Entry Masters-NP ☐ MSN RN Generalist ☐ DNP ☐ Other - Explain: _____

Specialty for NPs and Direct Entry Masters NPs: _____

Please indicate below the current student status, which of the following categories apply. If applicable, list a new graduation date in the comments column.

CATEGORIES: (if applicable check more than 1 category)

- ☐ 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- ☐ 5= Withdrawn/ Dropped out of School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= Not Enrolled (Summer Only)
- ☐ 7 = Other Status (plese explain)

School Seal/Stamp
*raised seal - shade with pencil or crayon

Explain/Comments:

_____

_____

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.

School Representative

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 this collection of information is estimated to average .8 hours per response, including the time for reviewing instructions, searching existing data sources, 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 14N39, Rockville, Maryland, 20857.