



# Alabama Board of Nursing SCHOLARSHIP PROGRAM

## Enrollment Verification Form

<b>TO BE COMPLETED BY RECIPIENT</b>	<b>PART I</b>	<b>Please Print</b>
	<p>Name of Recipient: _____</p> <p>Current Address: _____ _____</p> <p>Current Telephone Number: ____-____-_____</p> <p>I certify that I am pursuing a <b>FULL-TIME</b> course of study to obtain a graduate degree in Nursing in an institution of higher education.</p> <p>NAME OF INSTITUTION _____</p> <p>ADDRESS OF INSTITUTION _____ _____</p> <p>Dates Attended: FROM: ____/____/____ TO: ____/____/____ (Please complete this form for the currently enrolled school year only.)</p> <p>SIGNATURE _____</p> <p>DATE: ____/____/____</p> <p>SOCIAL SECURITY NUMBER (last four only) XXX-XX-_____</p>	

<b>CERTIFICATION BY INSTITUTION</b>	<b>PART II</b>	<p>I certify that the person named above is enrolled as a <b>FULL-TIME</b> student for the period stated above.</p> <p>Degree Program: _____</p> <p>Expected date of graduation: _____</p> <p>SIGNATURE OF REGISTRAR: _____</p> <p>DATE: ____/____/____</p> <p>NAME AND ADDRESS OF INSTITUTION _____ _____ _____ _____</p> <div style="border: 2px solid black; width: 150px; height: 100px; margin-left: auto; margin-right: 0;"></div>
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<b>Return Form To:</b>	<p>Alabama Board of Nursing Scholarship Program PO Box 303900 Montgomery, AL 36130-3900</p>
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