



Alabama Board of Nursing  
**SCHOLARSHIP PROGRAM**  
 Post-Graduate  
 Employment Verification

**Do not leave blanks.** Submit immediately upon employment.

**SCHOLARSHIP RECIPIENT**

**Hire Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Best Phone Number:** \_\_\_\_\_

*I certify that I am serving at the site listed on the right.*

**Signature:** \_\_\_\_\_

**Nursing License Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**EMPLOYER SECTION**

**Site Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

I have reviewed the requirements and certify that the scholarship recipient: *(check all that apply)*:

Is currently employed at this site and **WILL WORK:**

In the capacity of a professional nurse

In the capacity of a nursing instructor

**IMPORTANT INFORMATION**

*All scholarship recipients are required to work as a professional nurse or a nursing instructor for a minimum of two years in the state of Alabama.*

***The certifications and information provided above are true, accurate and complete to the best of my knowledge and belief.***

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

The administrator (not the recipient) may mail, fax, or scan and email the service form to:

**Mail:** ABN PO Box 303900 Montgomery, AL 36130-3900 **Fax:** 334-293-5201 **Email:** scholarshipprogram@abn.alabama.gov **Phone:** 334-293-5200