CERTIFICATION OF ENROLLMENT

- THIS SECTION IS TO BE FILLED OUT BY THE STUDENT -

LAST NAME: _____ **FIRST NAME:** _____ **MIDDLE INITIAL:** ___

SCHOOL NAME: _____

SEMESTER OR QUARTER: ☐ **FALL** ☐ **WINTER** ☐ **SPRING** ☐ **SUMMER** **YEAR:** _____

PLEASE CHECK THE FOUNDATION PROGRAM YOU ARE AN AWARDEE OF:

- ☐ ALLIED HEALTHCARE SCHOLARSHIP
- ☐ BACHELOR OF SCIENCE NURSING SCHOLARSHIP
- ☐ CENTRAL VALLEY NURSING SCHOLARSHIP
- ☐ HEALTH PROFESSIONS EDUCATION LOAN REPAYMENT
- ☐ LICENSED VOCATIONAL NURSING SCHOLARSHIP
- ☐ LICENSED MENTAL HEALTH SERVICES PROVIDER EDUCATION
- ☐ ASSOCIATE DEGREE NURSING SCHOLARSHIP
- ☐ BACHELOR OF SCIENCE NURSING LOAN REPAYMENT
- ☐ HEALTH PROFESSIONS EDUCATION SCHOLARSHIP
- ☐ LICENSED VOCATIONAL NURSING LOAN REPAYMENT
- ☐ LICENSED VOCATIONAL NURSING TO ADN SCHOLARSHIP

PLEASE NOTE THAT A FASTER RESPONSE WILL ALLOW US TO ISSUE PAYMENT SOONER.

- THIS SECTION IS TO BE FILLED OUT BY THE PROGRAM DIRECTOR OR APPROPRIATE DESIGNEE -

I certify that the student mentioned above is enrolled in at least 6 units for the semester/quarter listed above and is a student in good standing maintaining a cumulative 2.0 GPA.

PLEASE CHECK ONE:

☐ I certify that I am the Program Director.

☐ I certify that I am authorized to sign this document on behalf of the Program Director.

_____
Print Name

_____
Signature

_____
Title (Program Director or Dean)

_____
Date

_____
Phone Number

Attach Business Card Here