



West Virginia Center for Nursing Scholarship Program

Enrollment Verification Form

INSTRUCTIONS

This form is to be completed to verify full time enrollment at an accredited institution of higher education if requested by the West Virginia Center for Nursing or by the West Virginia Higher Education Policy Commission. **STUDENTS WHO ARE APPLYING FOR THE WEST VIRGINIA CENTER FOR NURSING SCHOLARSHIP DO NOT NEED TO FILL OUT THIS FORM.** Section 1 should be completed by the recipient and Section 2 should be completed by the registrar at the institution where the student is enrolled. The form can be returned in the following ways:

Mail: West Virginia Center for Nursing
Nursing Scholarship Program
1018 Kanawha Blvd. East Suite 700
Charleston, WV 25301

Email: nursing@wvhepc.edu

Fax: (855)292-1415

SECTION 1 (TO BE COMPLETED BY STUDENT)

Name of Recipient: _____ Current Telephone: _____
Current Address: _____ Current Email Address: _____

Name of Institution: _____
Address of Institution: _____

Program Level (please select one): LPN ASN BSN MSN Doctoral Other

Major Field of Study: _____

Please indicate below the dates you have attended (or are currently attending) for ONE SEMESTER ONLY.

FROM: _____ TO: _____

I certify that I am/was enrolled and attending the above listed course of study at an accredited institution of higher education during the period indicated in Section 1.

Signature of Recipient Date

SECTION 2 (TO BE COMPLETED BY REGISTRAR)

Name of Institution: _____
Address of Institution: _____

Expected graduation date: _____

Major Field of Study: _____

I certify that the student indicated above is/was enrolled and attending the above listed course of study at an accredited institution of higher education during the period indicated in Section 1.

Signature of Registrar Date



Official Seal