



WEST VIRGINIA Nursing Scholarship PROGRAM

TEMPORARY DEFERMENT REQUEST FORM

INSTRUCTIONS

This form should be used by a recipient of the West Virginia Nursing Scholarship Program to request a temporary deferment of their service obligation in cases such as not passing your licensure exam, maternity leave, military leave, FMLA, or extended illness. All requests will be reviewed by the West Virginia Center for Nursing Administrator in collaboration with the Senior Director of Financial Aid and recipients will be notified of a decision via email.

Section 1 should be completed by the recipient. The form can be returned by email to the following email address:

Email: nursing@wvhepc.edu

SECTION 1 (TO BE COMPLETED BY RECIPIENT)

Name of Recipient: _____

Current Telephone: _____

Current Address: _____

Current Email Address: _____

Graduation Date: _____

Degree Type: LPN ASN BSN GRADUATE

Please detail the circumstances that require a temporary deferment of your service obligation and attach any supporting information that will be useful in reviewing your request:

How long of a temporary deferment do you need? (in months) _____

I certify that the information detailed within my request for a temporary deferment is accurate.

Signature of Applicant

Date