


**WEST VIRGINIA HIGHER EDUCATION POLICY COMMISSION  
NURSING SCHOLARSHIP PROGRAM  
ENROLLMENT VERIFICATION FORM**

<b>TO BE COMPLETED BY RECIPIENT</b>	<b>PART I</b> Please Print	<p><b>Name of Recipient:</b> _____</p> <p><b>Current Address:</b> _____ _____</p> <p><b>Current Telephone Number:</b> ____-____-_____</p> <p><b>I certify that I am pursuing a course of study related to the field of Nursing in an institution of higher education.</b></p> <p><b>NAME OF INSTITUTION</b> _____</p> <p><b>ADDRESS OF INSTITUTION</b> _____ _____</p> <p><b>Dates Attended: FROM:</b> ____/____/____ <b>TO:</b> ____/____/____ (Please complete this form for ONE SEMESTER only)</p> <p><b>SIGNATURE</b> _____</p> <p><b>DATE:</b> ____/____/____</p> <p><b>SOCIAL SECURITY NUMBER</b> ____-____-_____</p>
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<b>CERTIFICATION BY INSTITUTION</b>	<b>PART II</b>	<p><b>I certify that the person named above is/was enrolled as a student for the period stated above.</b></p> <p><b>INDICATE STUDENT'S: Major field of study:</b> _____</p> <p style="padding-left: 150px;"><b>Expected date of graduation:</b> _____</p> <p><b>SIGNATURE OF REGISTRAR</b> _____</p> <p><b>DATE:</b> ____/____/____</p> <p><b>NAME AND ADDRESS OF INSTITUTION</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <div style="text-align: right; margin-top: 20px;">  <p><b>OFFICIAL SEAL</b></p> </div>
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<b>Return Form To:</b>	<p><b>West Virginia Higher Education Policy Commission Nursing Scholarship Program 1018 Kanawha Boulevard, East, Suite 700 Charleston, West Virginia 25301</b></p> <p><b>Fax (304)558-0532</b></p>
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