



Alumnae Association of the Hartford Hospital School of Nursing

NURSING SCHOLARSHIP APPLICATION **VERIFICATION OF STUDENT STATUS FORM**

To the Applicant:

This Verification of Student Status Form is required for determination of academic status. The information below will be used for scholarship award purposes and only accessed by Scholarship Committee members on a strictly confidential basis.

I hereby voluntarily permit the _____ (*name of nursing program*) to release the information below to the Alumnae Association of the Hartford Hospital School of Nursing for purposes related to my application for a scholarship award.

Applicant's Name (Print) _____

Applicant's Signature _____ Date _____

To the Dean or Director:

The above named individual has applied for a scholarship from the Alumnae Association of the Hartford Hospital School of Nursing. Scholarships are awarded annually to individuals pursuing either undergraduate or graduate level education in nursing. The award criteria require that a student be in good standing and meet one of the following criteria:

1. Baccalaureate degree applicants must be completing the third year, or credit equivalent, of a four year nursing program.
2. Associate degree applicants must be completing the first year, or credit equivalent, of a two year program.
3. Diploma program applicants must be completing the first year, or credit equivalent, of a two year program.
4. Registered nurse applicants in an upper division nursing program must be entering the senior year, or credit equivalent, of the nursing program.
5. Graduate degree applicants must have matriculated into a graduate nursing program and into an area of focus on nursing education, already having completed 18 credits..

We appreciate your prompt completion and return of this form. Please check off and complete the one appropriate section below and sign and return the form to the student for submission:

Section 1: Baccalaureate Degree Program

I certify that _____ (*name of student*) is a student in good standing at _____ (*name of nursing program*) and is enrolled in a four year nursing program leading to a baccalaureate degree in nursing.

(Form continues on next page)

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Name of Student _____

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_____ **Section 2: Associate Degree Program**

I certify that _____ (*name of student*) is a student in good standing at _____ (*name of nursing program*) and will be entering the second year of the two-year nursing program.

_____ **Section 3: Diploma Program**

I certify that _____ (*name of student*) is a student in good standing at _____ (*name of nursing program*) and will be entering the second year of the two-year nursing program.

_____ **Section 4: Registered Nurse in an Upper Division BSN Program**

I certify that _____ (*name of student*) is a registered nurse and a student in good standing at _____ (*name of nursing program*) and will be entering the senior year of the nursing program.

_____ **Section 5: Registered Nurse in a Graduate Nurse Program**

I certify that _____ (*name of student*) is a registered nurse, a student in good standing at _____ (*name of nursing program*), has matriculated into a graduate level nursing program having already completed 18 credits.

Signature: _____ **Date:** _____

Name: _____

Position: _____

Institution: _____

Address: _____

Telephone: _____ **Email:** _____

NOTARY SEAL & SIGNATURE