

VDH-OHE-MARY MARSHALL NURSING SCHOLARSHIP PROGRAM

SCHOOL OF NURSING ENROLLMENT CONFIRMATION

To be completed by the Registrar's Office/Authorized Person of the School of Nursing the applicant is currently attending or plans to attend in the upcoming 2024/2025 Academic Year.

1. Name of applicant: _____
2. Student Identification number or Social Security Number: _____
3. This applicant is: Attending Approved
4. Date of entrance: Month Year
5. During this award period, the applicant will be a: Full-time Part time
6. **Currently enrolled in your Nursing Program:**
Provide a cumulative grade point average of current nursing courses. Applicants must have at least a 2.5 cumulative GPA in Required Nursing Courses, electives should not be considered in cumulative GPA.

GPA: List GPA _____

7. **Applicant has enrolled in your Nursing Program:**
Select your Source of computing the GPA for entry into your program and the Cumulative GPA:

Source of computing GPA:

GPA: List GPA _____

Provide an original signature from the Registrar's Office/Authorized Person completing this enrollment confirmation section.

Name of Authorized Personnel Completing This Section	Title
Signature	Date
Full Name of School of Nursing	Phone Number E-mail Address
