



COMMONWEALTH of VIRGINIA

Department of Health
P O BOX 2448
RICHMOND, VA 23218

B. Cameron Webb, MD, JD
State Health Commissioner

TTY 7-1-1 OR
1-800-828-1120

VIRGINIA NURSING SCHOLARSHIP
VERIFICATION OF STUDENT ENROLLMENT FORM

TO SCHOLARSHIP RECIPIENT:

In order to verify your enrollment and graduation date, this form must be completed by an authorized official of your nursing program. It is the responsibility of the scholarship recipient to ensure that this completed form is emailed to incentiveprograms@vdh.virginia.gov by the stated deadline.

Circle the appropriate program:

Registered Nurse - Licensed Practical Nurse - Nurse Practitioner - Nurse Midwife - Nurse Educator - Certified Nursing Aide

TO BE COMPLETED BY DEAN/DIRECTOR, SCHOOL OF NURSING OR AUTHORIZED DESIGNEE:

THIS IS TO VERIFY THAT

(NAME OF STUDENT - FIRST & LAST NAME REQUIRED)

WAS OFFICIALLY ENROLLED IN THE NURSING PROGRAM AT
(LAST 4 OF SOCIAL SECURITY NUMBER)

(FULL NAME OF SCHOOL)

DATE OF ENROLLMENT:

ACTUAL DATE OF GRADUATION:

ESTIMATED DATE TO TAKE/DATE COMPLETED STATE BOARD EXAM:

(NAME OF SCHOOL OFFICIAL)

(TITLE OF SCHOOL OFFICIAL)

(SIGNATURE OF SCHOOL OFFICIAL - PRINT NOT ACCEPTED)

(DATE COMPLETEING FORM)

(EMAIL ADDRESS)

(PHONE NUMBER)