

PNANE Scholarship Program 2004-2005

Academic Verification and Recommendation From the Nursing Program

Consent for Release of Information.

The undersigned applicant consents to allow the educational institution in which he/she is enrolled or accepted for enrollment to release to the PNANE Scholarship Program, information regarding enrollment status and academic standing, including cumulative grade point average at the time of application.

Applicant's Name

Last Name	First Name	Middle Initial
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Applicant's Social Security Number: _____-_____-_____

RN License No. (if applicable) _____

Name and location of the College/University (Do NOT use abbreviations):

College/University	City	State
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Educational program that applicant will be enrolled in:

- Associate Degree
- Baccalaureate
- Master's
- Doctorate

Applicant's Signature: _____

_____ Date Signed

Statement of Applicant's enrollment status (Check one)

- Unconditionally Admitted
- Pending/conditional (Explain)

Probational (Explain)

Other (Explain)

Date of anticipated program completion (Month/Year): _____

PNANE Scholarship Program 2004-2005

Eligibility Review Sheet

Name of applicant: _____

Reviewer's Name _____ Eligible/Non eligible (circle one)

Eligibility Criteria	Meets/ Yes	Does not meet/ No	Directions to Reviewer And Comments by Reviewer
Application Form			
Any qualified applicant candidate with 3.00 or higher GPA			
Degree: Associate, Baccalaureate, Master, Nurse Practitioner, Doctorate in Nursing Program			
Satisfactory or better ratings			
Principal/ Professor recommendation			
Satisfactory time and attendance			
Academic Verification and Recommendation			
Enrollment Status is Unconditionally admitted <u>OR</u> if Pending/conditional, then explanation is acceptable			