

South Bay Black Nurses Association, Inc.

Scholarship Candidate Verification of Enrollment

Student _____

Current Address _____ City _____ State__ Zip Code_____

Social Security No. or Student ID No. _____

Tel. No. () _____

The above-named student has applied for a scholarship. Applicants are required to provide verification of enrollment and attendance in an accredited nursing program.

If an individual instructor is not available, the Dean or Director of the Nursing program may sign to verify official enrollment.

Course No. & Title	Dept.	Units	Instructor's Signature	Date

Name of College/University _____

Address _____ City _____ Zip Code _____

_____ Date _____
Signature of Dean/Director of Nursing if individual instructors are not available

_____ Tel. No.() _____
Title

Return this form to: SBBNA, Inc.
Post Office Box 612560
San José, CA 95161