South Bay Black Nurses Association, Inc.
Scholarship Candidate

Verification of Enrollment

Student's Name _____
Last First Middle/Maiden

Current Address _____ City _____ State _____ Zip_____

Social Security Number _____ Phone Number (_____)_____

The above named student is a potential scholarship recipient. All scholarship applicants are required to have signatures of all of their instructors to demonstrate current enrollment and attendance of classes at your college or university.

If individual instructors are not available, the Dean or Director of the Nursing program may sign indicating official enrollment.

Course Number & Title	**Dept.**	**Units**	**Instructor's Signature**	**Date**

Name of College/University _____
Address _____ City _____ State_____ Zip_____

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

Signature _____ Date _____
Title _____ Phone (_____)_____

Return this form to:

South Bay Black Nurses Association, Inc.
Post Office Box 612560
San Jose, CA 95161