

## Clinical Instructor/ Faculty Advisor Certification

This section must be completed by the Clinical Instructor/Faculty Advisor at the school you are attending.

To be completed by the student:

Student's Name

To be completed by Clinical Instructor/Faculty Advisor of Nursing Program

Please answer the following questions:

Has the student made significant contributions to the school, community, and nursing? If yes, please describe.

Has the student demonstrated academic excellence? Please include current cumulative grade point average and class standing.

Please add any other important factors that you believe to be relevant to the student's application for financial assistance.

*I hereby certify that I have answered these questions to the best of my knowledge and recommend this student for consideration for the scholarships for which he/she is applying*

Name

Title

Electronic Signature

Date

Phone

E-Mail Address