

## Faculty Member Certification

This section must be completed by a faculty member at the school you are attending. Once completed, the student can upload this form to their online application profile.

To be completed by a faculty member of the nursing program. Please answer the following questions:

**Student's Name:**

- 1) List the student activities and engagement at the school/community level.
  
  
  
  
  
  
  
  
  
  
- 2) Has the student demonstrated academic excellence?
  
  
  
  
  
  
  
  
  
  
- 3) Please add any important factors 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 these scholarships.*

**Faculty Name:**

**Title:**

**Signature:**

**Date:**

**Phone:**

**Email:**