

Faculty Member Certification

This section must be completed by a faculty member at the school you are attending.

Student's Name

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

List the student's activities and engagement at the school/community level.

Has the student demonstrated academic excellence? Please include the student's nursing program grade point average.

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.

Title

Electronic Signature

Date

Phone

Email