



Deloras Jones RN Scholarship Program – Southern Region

Confirmation of Acceptance or Enrollment Form 2024

1. ACADEMIC PROGRAM INFORMATION *(to be completed by applicant)*

Applicant Name _____ Email _____

Name of Academic Institution (do not abbreviate) _____

City _____ Located in Northern California Southern California

Type of Academic Program *(check one)*

ASN/ADN

BSN

MSN/MN

Entry Level MSN/MN

DNSc

DNP

PhD

Other: _____

This program uses a

Semester system

Quarter system

Modular system

Other (explain: _____)

2. ENROLLMENT STATUS *(to be completed by school official or designee)*

The student named above has applied to the program checked above for the upcoming fall term.

is accepted into the program checked above for the upcoming fall term.

is a continuing student in the program checked above, and will register for fall courses by

_____/_____/_____. (MM/DD/YYYY)

Program Start (month/year) _____/_____

Expected Graduation (month/year) _____/_____

Is the student enrolled full-time in their academic program? Yes No

3. CERTIFICATION *(to be completed by academic program director or designee)*

I certify that the above information is correct.

School Official's Name *(print)* _____ Phone (_____) _____

Title _____ Email address _____

School Official's Signature _____ Date _____

Instructions: When complete, please return this form to the student named above for submission to the **Deloras Jones RN Scholarship Program**. This form is required for the student's application to be considered complete. This form must be uploaded with their application **on or before August 2, 2024**. No exceptions will be made.

Contact Us:

Email: delorasjonesouthern@scholarshipamerica.org