



Deloras Jones RN Scholarship Program – Northern Region

Confirmation of Acceptance or Enrollment Form 2025

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
☐ DNSc

☐ BSN
☐ DNP

☐ MSN/MN
☐ PhD

☐ Entry Level MSN/MN
☐ 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 1, 2025**. No exceptions will be made.

Contact Us:

Email: delorajonesnorthern@scholarshipamerica.org