



# Deloras Jones RN Scholarship Program

## Confirmation of Acceptance or Enrollment Form 2020

### 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**)

- |                                  |                              |                                 |   |
|----------------------------------|------------------------------|---------------------------------|---|
| <input type="checkbox"/> ASN/ADN | <input type="checkbox"/> BSN | <input type="checkbox"/> MSN/MN | <input type="checkbox"/> Entry Level MSN/MN |
| <input type="checkbox"/> DNSc    | <input type="checkbox"/> DNP | <input type="checkbox"/> PhD    | <input type="checkbox"/> 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 **no later than 3:00 p.m. CT on September 4, 2020**. No exceptions will be made.

#### Contact Us:

Email: delorasjones@scholarshipamerica.org  
Call: 1-507-931-1682 and ask for the Deloras Jones RN Scholarship Program