Alabama Board of Nursing
Graduate Scholarship Program
Enrollment Verification Form

TO BE COMPLETED BY SCHOLARSHIP APPLICANT (Please Print)			
Applicant Name:			
Applicant Address:			
Phone Number:	( ) -	RN License:	1- ___ ___ ___ ___ ___ ___
Email:	@		
It is your responsibility to update My Profile if the information above does not match ABN records.			
APPLICANT AFFIRMATION ***I affirm that I am pursuing a FULL-TIME course of study to obtain a graduate degree in NURSING at the accredited Alabama college or university listed below:***			
ame of Institution:			
Address of Institution:			
Degree Program (circle one): MSN DNP PhD Other:			
Area of Concentration (circle one): Education APRN Administration Other:			
Expected date of graduation:			
Dates of enrollment:	FROM: TO		
(Dates should be inclusive of at least two semesters of the scholarship year – Fall, Spring, Summer)			
Applicant's signature: **Date: ____ / ____ / 20____**			
CERTIFICATION BY INSTITUTION Registrar: Please sign, date, and seal where indicated and return form to student			
I certify that the person named above is enrolled as a FULL-TIME student in the program and for the period stated above.			
Signature of registrar:			
Date: ____ / ____ / 20____			
Institutional seal/stamp:			

Instructions to Applicant:
Upload completed form to your electronic application on the ABN website.

Rev. 7/2024