



West Virginia  
Higher Education  
Policy Commission

**HEALTH SCIENCES**  
SCHOLARSHIP PROGRAM  
CERTIFICATION OF EDUCATIONAL STATUS

Please complete the section below and give it to an official in your Dean's Office or your Program Director, who must complete and directly return it to the Higher Education Policy Commission by the deadline (October 15, 2011).

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Last) (First) (Middle)

\_\_\_\_\_  
(Address) (City) (State/Zip)

Phone: \_\_\_\_\_

I, the undersigned, do hereby authorize documentation of my educational status to the Health Sciences Scholarship Program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Student)

**SCHOOL OFFICIAL**

Please provide the information requested and return this form directly to the Higher Education Policy Commission. Forms must be postmarked by October 15, 2011 and should be addressed to: Health Sciences Scholarship Program, WV Higher Education Policy Commission, 1018 Kanawha Blvd. East, Suite 700, Charleston, WV 25301; Phone: (304) 558-0530.

The above-named student is currently enrolled and is in good academic and professional standing at the school listed below:

\_\_\_\_\_  
(College or University) (School or Program)

\_\_\_\_\_  
(Matriculation Date) (Expected Graduation Date)

Student is in the Senior Year of program:  Yes  No Student Status is:  Full-time  Part-time

Comments:

(Affix Seal)

Signed: \_\_\_\_\_  
(Official or Program Director)

\_\_\_\_\_  
(Title)