

Alabama State Nursing Scholarship – Request for Cancellation

Name _____ BlazerID # _____

Address _____ Telephone No. _____

City, State, Zip _____ Job Title _____

PART I CERTIFICATION OF EMPLOYMENT (Please check appropriate box)

- 1. I certify that I am employed as a full-time professional registered nurse as indicated above. I expect to complete one year of such employment on _____.
- 2. I certify that I have completed twelve (12) months of full-time professional registered nursing in the State of Alabama and hereby request cancellation of my State Nursing Scholarship in full.

*****Professional employment begins after becoming board certified*****

I promise to repay my State Nursing Scholarship if I do not fulfill this agreement. Payment will be made if:

1. Within eighteen months after I graduated I have not worked as a full-time Registered nurse for twelve (12) months in the State of Alabama.
2. I transfer to another school or college within six months from the last day of my attendance at the UAB School of Nursing.
3. My enrollment in the School of Nursing is interrupted for any reason for a period of six consecutive months.

I declare that the information shown above is true and accurate. I understand that if, for any reason, I am unable to complete one year of service, I will begin repayment immediately.

Borrower's Signature

Date

PART II CERTIFICATION OF EMPLOYMENT (to be completed by employer)

Name of Employer _____

Address _____

City, State, Zip _____ Phone No. _____

Date State Boards Passed _____ Date of Hire _____

Signature and Title of Certifying Official

Date