

Michigan Nursing Scholarship (MNS) Status Report

As stipulated in the MNS Agreement and Master Promissory Note, scholarship recipients agree to provide written evidence of compliance with program requirements and to inform the program of any changes in personal information, educational status, or employment situation. Use this form to provide information or report circumstance changes. **To process this form, your signature is required on the reverse side.**

IDENTIFICATION INFORMATION	
This section MUST be completed. Check any box to indicate changed item(s). If your name has changed, provide new and previous names.	
<input type="checkbox"/>	Name _____
<input type="checkbox"/>	Street Address _____
<input type="checkbox"/>	City, State, Zip Code _____
<input type="checkbox"/>	Home Telephone Number () _____
<input type="checkbox"/>	Work Telephone Number () _____
<input type="checkbox"/>	Social Security Number _____

EDUCATION INFORMATION	
Check any box to indicate changed item(s). Enter dates as mm/dd/yy.	
<input type="checkbox"/>	Nursing program withdrawal date _____
<input type="checkbox"/>	College withdrawal date _____
<input type="checkbox"/>	Continuing enrollment, but in different nursing program (e.g., from associate to bachelor degree) Specify _____
<input type="checkbox"/>	Continuing at least half-time enrollment in nursing or non-nursing studies.
<input type="checkbox"/>	Change in graduation date from: _____ to: _____
<input type="checkbox"/>	Transferred from: _____ to: _____ For transfer students, awards depend on availability of funds at the new college.
Education Information Certification, to be completed by Dean, Registrar, or Academic Advisor.	
<i>I certify the above Educational Information to be accurate as reported.</i>	
Printed Name and Title of Certifying Official	College/University
Signature of Certifying Official	Date

EMPLOYMENT OBLIGATION
If an item applies to you, check the box and provide the required documentation.
<input type="checkbox"/> Employed full time as a direct care nurse or as a teacher of nursing in Michigan.*
<input type="checkbox"/> Employed part time as a direct care nurse or as a teacher of nursing in Michigan.*
<input type="checkbox"/> Unable to work due to accident or illness.**
*Attach documentation from employer if working. Employer must document (on their letterhead) start date and whether employed full or part- time. Start date is defined as the date eligible employment began. Employment date must be 1) After nursing program completed for which scholarship was received, and 2) After receiving nursing license.
**Attach documentation from physician if unable to work. Information must include situation description, dates, contact phone numbers, addresses, and signatures.

Continued on page 2.

REPAYMENT OBLIGATION

If an item applies to you, check the box (or boxes) and provide the required documentation. Enter dates as mm/dd/yy.

- Unemployment start date _____*
- Experiencing economic hardship due to low income*
- Returned to school and enrolled at least half time in nursing or non-nursing studies* (complete Educational Information section on page 1)
- Temporarily disabled and unable to work*
- Totally and permanently disabled*
- Serving in the United States Armed Forces*
- Recipient is deceased. Family members should forward death certificate documentation to the address below to have the loan obligation canceled.

*Attach documentation from physician, employer, armed services, etc. as applicable. Appropriate letterhead is required. Information must include situation description, relevant dates, contact phone numbers, addresses, and signatures.

CERTIFICATION

I certify all information on this form is accurate and true.

Signature	Date
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If you have questions, call 1-888-447-2687 or e-mail osg@michigan.gov.

Forward completed form and necessary documentation to:

Office of Scholarships and Grants
 Michigan Department of Treasury
 P.O. Box 30462
 Lansing, MI 48909

Fax: (517) 241-5835