



STATE OF MICHIGAN
DEPARTMENT OF TREASURY
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

ROBERT J. KLEINE
STATE TREASURER

Michigan Nursing Scholarship Program
Status Report Form

As stipulated in the Michigan Nursing Scholarship program "Scholarship Agreement and Promissory Note" you agreed to comply with all program requirements. Scholarship recipients agree to provide written evidence of compliance with program requirements and to inform the program of any changes in their personal information, educational status, or employment situation. Please use this form to supply information or to report changes in your circumstances to the program. **SEE REVERSE SIDE – Your signature required when submitting this form.**

IDENTIFICATION INFORMATION

When submitting this form for any reason, **always fully complete this section.** Check any box to indicate changed item(s). If your name has changed, also provide previous name.

- Name: _____
- Street Address: _____
- City, State, Zip Code: _____
- Home Telephone Number () _____
- Work Telephone Number () _____
- Social Security Number _____

EDUCATIONAL INFORMATION

Check and complete appropriate item(s) below if your educational status has changed.

- Nursing program withdrawal date: _____mm/dd/yy
- College withdrawal date: _____mm/dd/yy
- Continuing enrollment, but in different nursing program (e.g., from associate to bachelor degree) Specify _____
- Continuing at least half-time enrollment in nursing or non-nursing studies.
- Change in graduation date. From: _____mm/dd/yy To: _____mm/dd/yy
- Transferred. From: _____ To: _____

Note: For transfer students, awards depend on availability of funds at the new college.

CERTIFICATION: To be completed by your dean, registrar, or academic advisor.

I certify the above EDUCATIONAL INFORMATION to be accurate as reported by this student:

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.

- Employed full time in a direct care nursing position in Michigan*
- Employed part time in a direct care nursing position in Michigan*
- Unable to work due to accident or illness*

**Attach documentation from employer if you are working. Employer must document (on their letterhead) your starting date and whether you are employed full or part time.*

NOTE: "Starting Date" is defined as the date employment as a licensed practical nurse or registered nurse began. This employment date must be BOTH: 1) After you completed the nursing program for which you received the scholarship, and; 2) After the date you received your nursing license.

Documentation from your physician is required if you are unable to work. Information must include situation description, dates, contact phone numbers and addresses, and signatures.

REPAYMENT OBLIGATION

If an item applies to you, check the box (or boxes) and provide the required documentation.

- Unemployment start date _____mm/dd/yy*
- Experiencing economic hardship due to low income*
- Returned to school and enrolled at least half time in nursing or non-nursing studies*
(If checking this box, complete "Educational Information" section also.)
- Temporarily disabled and unable to work*
- Totally and permanently disabled*
- Serving in the armed forces of the United States*

**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.*

NOTE: If scholarship recipient is deceased, family members should forward death certificate documentation to have loan obligation canceled.

CERTIFICATION

I certify that this information is accurate and true:

(Signature)_____ (Date)_____

FORWARD THIS FORM AND ALL REQUIRED DOCUMENTATION TO:

**Michigan Department of Treasury
Office of Scholarships and Grants
P.O. Box 30462, Lansing, MI 48909
PHONE: 1-888-4-GRANTS (888-447-2687)
FAX: (517) 241-5835**