



SCHOOL ADMINISTRATION FORM

TO BE COMPLETED BY:

School Registrar, Financial Aid Officer, or Program Administrator

The school administration confirms that _____
(Student Name)

has been accepted into a program of study in a medical/health field and is not studying pre-requisite courses. The school administration agrees to supervise and properly account for the funds provided by Health Focus of Southwest Virginia for the education of the above-named student.

In addition, the school administration agrees to release the academic status of the above-named student, occasionally more than once per year, to Health Focus of Southwest Virginia for the academic year their scholarship is awarded.

Name of College/University/Professional School:

Name of Authorized Individual: _____
(Print Name)

Title: _____ Department: _____

Email Address: _____

Signature: _____ Date: _____

Must be submitted with application no later than Friday, April 19, 2019