NISF Enrollment Status Attestation

This form is used prior to the dispersal of NISF Scholarship funds to verify a recipient's actual or anticipated enrollment in nursing school. Please sign in the presence of a notary public on page 2. The completed form must be sent to KBN via your nurse portal account.

- NISF Application Year: 2026
- My anticipated graduation date from nursing school is:
  _____ Month - Year
- I hereby attest as follows [**check one box only**]:

☐ I am currently enrolled and am in good standing in the program of nursing education listed in the NISF application filed in the NISF Application Year listed above. "Good standing" means currently enrolled and not on academic probation or suspension.

_____

Provide the school name, the name, address, and phone number of the school's administrator/coordinator.

☐ I am currently enrolled and am in good standing in the same degree program but in a different nursing school than the one listed in my most recent KBN NISF application, which is:

_____

Provide the school name, the name, address, and phone number of the school's administrator/coordinator.

☐ I am not currently enrolled in the same degree program listed in my most recent KBN NISF application; however, I anticipate enrollment the same degree program within the current academic year. "Academic year" means a twelve (12) month period beginning with a fall session.

_____

Provide the school name, the name, address, and phone number of the school's administrator/coordinator.

☐ I am not currently enrolled in the same degree program listed in my most recent KBN NISF application; however, I anticipate enrollment in a different program of nursing education the current academic year, which is:

_____

Provide the school name, the name, address, and phone number of the school's administrator/coordinator.

PLEASE NOTE: Employment and repayment requirements specified in the contract and promissory note are not tolled or deferred as a consequence of a continuation of nursing education in a different degree program than was specified in the recipient's Nursing Incentive Scholarship Fund application; however, employment and repayment requirements are not activated when a recipient transfers to the same degree program at a different school.

☐ Other – Please explain in detail:

_____

SIGNATURE OF NISF SCHOLARSHIP RECIPIENT

_____

PRINTED NAME OF NISF SCHOLARSHIP RECIPIENT

I hereby certify that _____ signed this before me by the above-named person this ____ day of _____, 20___.

Notary Public _____

Notary ID Number _____

SEAL

State of _____

My Commission Expires _____