



2019
West Sound Advanced Practice Association Scholarship Program

Program Director Verification

This section to be completed by the Director or the Director's designee:

Applicant Name: _____
Name of Program: _____
Date of Student's Entry into Program: _____
Expected Date of Program Completion: _____
Student's Cumulative GPA: _____

Program Director/Designee's Statement

I certify that the applicant is presently enrolled in the program of study as stated in the application, is in good standing, and has a cumulative GPA as listed above. (The cumulative GPA should match the official transcript or printed grade report submitted)

Signature of Program Director or Designee _____

Printed Name of Program Director or Designee _____

Title of Person Signing the Reference _____

Phone: _____

E-mail: _____

Date: _____

NAME: _____