



PSYCHIATRIC-MENTAL HEALTH NP CERTIFICATE SCHOLARSHIP PROGRAM

Verification of Volunteer Engagement or Employment in the Health Safety Net Form

(Scholarship applicant should include this completed form in the application packet, if applicable.)

I, _____, authorize _____ to provide
(name of applicant) (name of organization)
the information requested below by the Virginia Health Care Foundation.

Scholarship Applicant Signature

Date

The individual above has applied to the Virginia Health Care Foundation (VHCF) for a Psychiatric-Mental Health Nurse Practitioner Certificate Scholarship. The scholarship underwrites tuition and all required fees to participate in a post-masters Certificate program for eligible nurse practitioners. Priority will be given to individuals working or volunteering in health safety net settings. An indication of your intent or desire to employ the individual in a PMHNP role post-program completion is requested if applicable. Thank you!

Executive Director Name:

Name of Organization:

Address:

Email:

Phone Number:

Fax Number:

Applicant's Volunteer Position (if applicable):

Volunteer Start Date:

Number of hours volunteered/month:

Applicant's Employment Position (if applicable):

Employee Start Date:

Number of hours worked/week:

Position:

Do you intend or desire to employ the individual in a PMHNP role post-program completion?
Yes or No

Executive Director Signature

Date