

**THE UNIVERSITY OF ALABAMA IN HUNTSVILLE**  
**Bursar's Office**  
**Huntsville, Alabama 35899**

**Request For Cancellation of State Nursing Scholarship/Loan**

**INSTRUCTIONS:** A recipient of the State Nursing Scholarship/Loan must file this form with the institution that made the loan in order to claim entitlement to cancellation of the scholarship/loan. This form must be submitted after twelve (12) consecutive months of employment as a registered nurse in the State of Alabama. It is the responsibility of the applicant seeking cancellation to complete **Part 1**, to obtain certification by the employing agency (Part 2), and forward the **original and one copy** to the institution for cancellation. The institution will complete Part 3, indicating the amount of cancellation earned and return a copy to the applicant.

NAME AND ADDRESS OF APPLICANT \_\_\_\_\_

Fold

SOCIAL SECURITY NUMBER: \_\_\_\_\_

STUDENT NUMBER: \_\_\_\_\_

**PART 1: To Be Completed By Applicant**

I hereby apply for cancellation of the State Nursing Scholarship/Loan(s) which I received as a student at The University of Alabama in Huntsville in the appropriate amount in accordance with Alabama House Bill 108, Act 2290, as I have completed twelve (12) consecutive months of employment as a registered nurse in the State of Alabama.

NAME AND ADDRESS OF EMPLOYING AGENCY \_\_\_\_\_

Period of Employment (MM/DD/YY)  
Beginning \_\_\_\_\_

Ending \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PART 2: To Be Completed By Employing Agency**

I/we hereby certify that the above statements and information concerning employment as a registered nurse in the State of Alabama and the period of service listed are true and correct.

Position Title of above Applicant: \_\_\_\_\_

Signature of Authorized Official: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 3: To Be Completed By Institution**

The above named individual's account has been credited for cancellation in the amount of \$ \_\_\_\_\_ for employment as a registered nurse in the State of Alabama in accordance with Alabama House Bill 108, Act 2290.

Signature of Authorizing School Official: \_\_\_\_\_

Title: \_\_\_\_\_ Institution: \_\_\_\_\_

Date: \_\_\_\_\_