

**NOTIFICATION OF GRANT AWARD**

Grant No. 2009 - WVCN-\_\_\_\_\_

State of West Virginia

WV Center for Nursing

Please print or type:

Grantee: Name of Institution				
FEIN or SSN:				
State FIMS Number:				
Fund	Fiscal Year	Org	Act	Obj

Project:	WV Center for Nursing Scholarship Program
Amount:	\$2,400 for RN Programs; \$500 for LPN Programs
Performance Period:	7/1/08 to 6/30/09

Responsible Official (Nursing Department):
Address:
Telephone Number:
Fax Number:
Email Address:

Responsible Official (Financial Aid Department):
Address:
Telephone Number:
Fax Number:
Email Address:

Funding Source:	WV Center for Nursing						
Fund:	9010	FY:	2009	Org:	0943	Activity:	
Obj:	083	Banner :	NA				

**Scope and Conditions of Grant:** Acceptance of the grant monies obligates the Grantee to:

- a. Provide up to \$500 awards to RN students or up to \$250 awards for LPN students who meet scholarship program priorities and criteria.
- b. File financial, narrative, and data report with the WV Center for Nursing by June 30, 2009. Provide progress reports by December 1, 2008 and May 1, 2009.
- c. Notify the WV Center for Nursing Executive Director, in writing, of any changes that affect funding or substantially change the direction of the project.
- d. Refund any unused funds from this award at the end of the specified performance period unless the grantee receives written permission from the WV Center for Nursing Executive Director to carry over funds beyond the initial performance period.

\*Please see next page for acknowledgement signatures

Acknowledgement – Please sign in BLUE ink:

Grantee:

Grantor:

Duane Napier, Executive Director  
WV Center for Nursing

\_\_\_\_\_  
Signature of Dean or Director of  
Nursing Program

\_\_\_\_\_  
Signature of Executive Director

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Duane F. Napier, MSN, RN,BC  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Financial Aid  
Representative

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date