

# NURSING WORKFORCE DIVERSITY PROGRAM



## VERIFICATION of ELIGIBILITY FOR NWDP

1. A Nursing Major student who submitted a NWD General Program Application prior to July 19, 2007, must provide proof of eligibility by submitting requested documentation listed from **one or more** categories: A , B, or C.
2. A Nursing Major student who submits a NWD General Program Application after July 19, 2007, must provide proof of eligibility by submitting requested documentation listed from **two or more** categories: A, B, or C. (Rationale: We have a limited supply of funds and staff and we seek to serve those with the greatest need).

**A. ECONOMICALLY DISADVANTAGED:** You or your family's ANNUAL income falls below the current level of poverty set by the US Government, HHS Poverty Guidelines. See chart below:

Documentation: \_\_\_\_\_ Copy of SAR from FAFSA    \_\_\_\_\_ Copy of Current tax return

| Persons in Family or Household     | 48 Contiguous States and D.C. | Alaska   | Hawaii   |
|------------------------------------|-------------------------------|----------|----------|
| 1                                  | \$10,890                      | \$13,600 | \$12,540 |
| 2                                  | 14,710                        | 18,380   | 16,930   |
| 3                                  | 18,530                        | 23,160   | 21,320   |
| 4                                  | 22,350                        | 27,940   | 25,710   |
| 5                                  | 26,170                        | 32,720   | 30,100   |
| 6                                  | 29,990                        | 37,500   | 34,490   |
| 7                                  | 33,810                        | 42,280   | 38,880   |
| 8                                  | 37,630                        | 47,060   | 43,270   |
| For each additional person, add. . | 3,820                         | 4,780    | 4,390    |

SOURCE: Federal Register, Vol. 74, No. 14, January 23, 2009, pp. 4199-4201

**B. ETHNICALLY UNDER-REPRESENTED:** All ethnicities except Caucasian are Under-Represented in Alaska's RN Workforce.

Documentation: \_\_\_\_\_ Printout from Banner SPAPERS ("other" does NOT qualify you; obtain from NWD staff)

**C. EDUCATIONALLY DISADVANTAGED:** If your parents did NOT graduate from college BEFORE you turned 18 years of age, or if the Accuplacer test places you into PRPE (Preparatory) level classes.

Documentation: \_\_\_\_\_ Copy of SAR from FAFSA  
Choose One

I \_\_\_\_\_ attest that I am a First Generation college student.

By signing below, I am stating that neither of my parents earned a degree from an institution of higher education before I was the age of 18 years.

\_\_\_\_\_ Date Received

\_\_\_\_\_ Signature

\_\_\_\_\_ Staff Initials

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



# NURSING WORKFORCE DIVERSITY PROGRAM



You've been identified as a Prospective Student of the UAA School of Nursing,  
**NURSING WORKFORCE DIVERSITY PROGRAM.**

## ANCHORAGE PRE-NURSING

To be a NWDP participant, please complete the following form and return it in the stamped, self-addressed envelope. We help students connect with financial aid sources, on-campus housing, community resources and SON academic advisors.

Our direct services include monthly stipends, community building and tutoring.  
(note: these services require separate applications and has specific eligibility criteria)

### PROGRAM APPLICATION

Date \_\_\_\_\_

Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_

AAS Major

BS Major

#### CHECK ALL THAT APPLY:

Underrepresented

Students with a racial or ethnic background underrepresented in the registered nurse population.

Economically Disadvantaged

Students with a family or individual with an annual income below a level based on low-income thresholds established by the US Census Bureau.

Educationally Disadvantaged

This includes first generation college students or students for whom the K-12 environment has inhibited obtaining the needed knowledge, skills and abilities.

Name \_\_\_\_\_ Student ID \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cellular \_\_\_\_\_

E-Mail \_\_\_\_\_ Date of Birth \_\_\_\_\_

Ethnicity \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone Number \_\_\_\_\_

#### I give the NWDP staff permission:

1. to access my grades for the purpose of following my academic progress.
2. to use my photograph and name for promotional use (newsletters/website/various other media outlets).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



