

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

Persons in Family or Household	48 Contiguous States and D.C.	Alaska	Hawaii
1	10,830	13,530	12,460
2	14,570	18,210	16,760
3	18,310	22,890	21,060
4	22,050	27,570	25,360
5	25,790	32,250	29,660
6	29,530	36,930	33,960
7	33,270	41,610	38,260
8	37,010	46,290	42,560
For each additional person, add. . .	3,740	4,680	4,300

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



STIPEND APPLICATION

NURSING WORKFORCE DIVERSITY



CONTACT INFORMATION

ANCHORAGE PRE-NURSING

NAME:		STUDENT ID:		
DAY PHONE:	MSG PHONE:	Spring ____	Summer ____	Fall ____
E-MAIL:		DATE OF BIRTH:		
MAILING ADDRESS:		CITY:	STATE:	ZIP:
ETHNICITY:		Hispanic or Latino		
NURSING MAJOR:	BS/BACCALAUREATE <input type="checkbox"/>	AAS/ASSOCIATE of APPLIED SCIENCE	<input type="checkbox"/>	

OTHER INFORMATION

A. Please answer one of the following questions:

1. What is your cultural background and what motivated you to pursue the profession of nursing?

2. How has the Nursing Workforce Diversity Program influenced your academic/nursing experience?

SIGNATURE

I give permission for NWDP staff to discuss my progress with course instructors.

I acknowledge that completion of this application does not entitle me to a stipend payment. I understand that I must complete the NWDP Stipend Program requirements before I will be eligible for stipend funds.

Signed _____ Date _____