

# RRANN



Recruitment and Retention of Alaska Natives into Nursing  
University of Alaska Anchorage  
School of Nursing

You've been identified as a Prospective

## RRANN STUDENT

To be a RRANN 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, counseling and tutoring.  
(note: these services require separate applications and has specific eligibility criteria)

### PROGRAM APPLICATION

Date \_\_\_\_\_

AAS Major       BS Major       Pre-Nursing

Name \_\_\_\_\_

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

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

Permanent Address \_\_\_\_\_

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

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

E-Mail \_\_\_\_\_

Student ID \_\_\_\_\_ Date of Birth \_\_\_\_\_

Native or Indian Tribe or Native Corporation \_\_\_\_\_

I give the RRANN staff permission:

1. to access my grades for the purpose of following my academic progress.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





# RRANN

## STIPEND APPLICATION

### Contact Information

NAME:

STUDENT ID:

DAY PHONE:

MSG PHONE:

E-MAIL:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

PRE-NURSING

NURSING MAJORS

BS / AAS (please circle one)

CAMPUS:

### 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 RRANN influenced your academic/nursing experience?

B. Certificate of Indian Blood currently on-file with RRANN Yes  No

Attach a copy of Certificate of Indian Blood or proof of enrollment in a Native Corporation  
(if copy is not currently on-file)

### Signature

I give permission for RRANN 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 RRANN Stipend Program requirements before I will be eligible for stipend funds.

Signed \_\_\_\_\_

Date \_\_\_\_\_