

**Tuskegee University  
Department of Nursing**

**Application for Financial Assistance**

**Part I: Personal Information**

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**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle Name** \_\_\_\_\_

**Local Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Alternate Phone #** \_\_\_\_\_ **ID#** \_\_\_\_\_

**Major:** \_\_\_\_\_ **Department of Nursing Classification** \_\_\_\_\_  
(Sr, Jr, So, or Fr)

**Part II: Grant Criteria (Who Should Apply)**

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1. **Must** be admitted to Tuskegee University with a major in Nursing.
2. **Must** be currently enrolled as full time student
3. Demonstrate a financial need as specified by the low-income levels, utilized for determining eligibility for the stipend program, as published annually in the Federal Register and as specified by the Office of Financial Aid at Tuskegee University.
4. Participate in all project activities designed to promote retention and progression through the program.
5. Maintain at least a 2.8 cumulative GPA.
6. Complete all courses with a minimum of a "C" grade to remain in compliance with the progression policy of the Department of Nursing.
7. Maintain regular contact with the Project Coordinator through the terms of the agreement by telephone, written correspondence, e-mail, appointments and/or tutoring sessions as appropriate.
8. Stipend or Scholarship up to a maximum of \$1250.00 Per Semester

**APPLICATIONS WILL BE ACCEPTED IN 113 BASIL O'CONNOR HALL.**

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DEADLINE: 08/19/2008

