

Tuskegee University
Department of Nursing
Nursing Workforce Diversity Grant

Financial Assistance for
Future Nurses of America Organization (FNAO)

Part I: Financial Assistance Information

Tuskegee university Department of Nursing's workforce diversity is offering stipend to Future Nurses of America Organization (FNAO) participants who are preparing for admission to nursing program or other health profession career. The purpose of the stipend award is to enhance the participants potential to successfully complete their public school education by: (1) promoting a decrease in financial worries and alleviating many of the unmet personal needs and incidental fees related to preparation for admission to nursing program. (2) Decreasing amount of time students spend in work activities, therefore increasing the time available for study.

Part II: Grant Criteria (Who Should Apply)

1. **Must** be admitted to the Participating middle or high school.
2. **Must be** actively participating in Future Nurses of America Organization. **(Effective August 1, all FNAO members are supposed to fill and submit new application forms)**
3. **Must** be currently enrolled as full time student (Please attach current class schedule)
4. 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.
5. Participate in other project activities designed to promote health awareness and pre-entry to health profession.
6. Maintain at least a 3.0 cumulative GPA.
7. Complete all courses with a minimum of a "C" grade.
8. Maintain regular contact with the Project Staff through the terms of the agreement by telephone, written correspondence, e-mail, appointments and/or tutoring sessions as appropriate.

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

Deadline for Application: September 30, 2008

For additional information, please contact Dr. Cordelia C. Nnedu or:

Nursing Workforce Diversity Grant Office
Tuskegee University
Department of Nursing
113 Basil O'Connor Hall
Tuskegee AL 36088

PHONE: 334-727-8186/8190 FAX: 334-727-5461

**Tuskegee University
Department of Nursing**

Nursing Workforce Diversity Grant

Future Nurses of America Organization (FNAO)

STIPEND APPLICATION FORM

Please Print or Type

PERSONAL INFORMATION

Student's Last Name _____ First Name _____ Middle _____

Date of birth _____ Gender _____ Race/Ethnicity _____ Primary Language _____

Permanent Home Address/Street Number _____ city _____ State _____ Zip Code _____

(_____) _____ (_____) _____
Home Telephone Number _____ Cell phone or Other Numbers _____

E-mail Address _____ Alternate E-Mail _____

Parent's/Guardian's Name _____ (_____) _____
Parent's/Guardian's Phone Number _____

HOUSEHOLD INFORMATION

Size of household (Number of individuals in the household) _____ Actual Household Income in Dollars _____

SCHOOL INFORMATION

School currently attending _____ Date of Enrollment to the school _____

Current Grade _____ Current G.P.A. *(Please Attach a copy of your transcript)* _____ High School Graduation Date _____

Intended College _____ Intended College Major _____ 2nd Major if applicable _____

Have you ever attempted ACT/SAT/PSAT? If Yes, Which one? _____ #. of times attempted? _____ Highest score attained _____

Have you been accepted in any college? _____ Which one? _____ What Major? _____

Consent to Review Grades (Please Sign and Date)

I _____ willingly give _____
(Student Name) (Name of your school)

PERMISSION to Release my mid semester grade, end-semester grade and ACT/SAT scores for Fall 2008 to the Tuskegee University, Nursing Workforce Diversity grant's Faculty/Staff.

Student Signature _____ Date _____

Parent/ Signature _____ Date _____

PARTICIPATION IN TU DEPARTMENT OF NURSING'S PRE-ENTRY PROGRAMS

_____ **Please Check** if you have previously participated in the Future Nurses of America Organization (FNAO), Summer Enrichment Program (SEP) and/or ACT/SAT Workshop at TU Nursing Department.

_____ **Please Indicate** the program which you previously participated.

Please **CHECK** previous academic periods in which you participated in the Future Nurses of America Organization (FNAO). **CHECK ALL** semesters (FA = Fall, SP = Spring) that you actually participated.

FA2003	SP2004	FA2004	SP2005	FA2005	SP2006	FA2006	SP2007	FA2007	SP2008	FA2008

Please **CHECK** previous academic periods in which you participated in the TU Department of Nursing Summer Enrichment Program (SEP) and/or ACT/SAT WORKSHOP. (SU = Summer).

	SU2004	SU2005	SU2006	SU2007	SU2008	TOTAL
Summer Enrichment Program						
ACT/SAT Workshop						

WORK STATUS (WHILE ENROLLED)

Are you Employed (Full time/Part time/ Unemployed) _____ Number of Hours you work per week _____

Name of the Employer _____ Employer's address (Street, city, state, zip code) _____

Name of the Immediate Supervisor _____ Phone Number of the Supervisor _____

If approved to receive this stipend, how many hours do you intend to work at your place of employment per week? _____

How many additional hours would the stipend help you study per week? _____

Please list the needs which you plan to meet using the stipend money? _____

Student Signature

Date

FORM DATE: _____

STUDENT CODE: _____