

11. Which race/ethnicity best describes you? Please check all that apply. *

- American Indian or Alaska native
- Asian – Please specify _____
- White
- Black or African American
- Hispanic – please specify _____
- Native Hawaiian or Other Pacific Islander – please specify _____
- Other – please specify _____

12. Please check the size of your family as you were **growing up**

- 1 2 3 4 5 6 7 8

13 (a). Is English your first language? ___Yes ___No

13 (b). What other language (s) do you speak? *

14. Please check your approximate annual gross family income as you were growing up

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| \$23,540 or less <input type="radio"/> | \$23,541 to \$31,860 <input type="radio"/> | \$31,861 to \$40,180 <input type="radio"/> | \$40,181 to \$48,500 <input type="radio"/> | \$48,501 to \$56,820 <input type="radio"/> | \$55,821 to \$65,140 <input type="radio"/> | \$65,141 to \$73,460 <input type="radio"/> | \$73,461 to \$81,780 <input type="radio"/> | More than \$81,780 <input type="radio"/> |
|---|---|---|---|---|---|---|---|---|

15. Where did you go to high school? Please indicate the city and state. *

Name:

City:

State:

16. What is the name and zip code of the town where you grew up? *

17. Have you ever lived in a Rural Residential area?

- Yes No

18. Are you a first generation college student? *

- Yes No

19. What is the highest level of education attained by your *

- | | Less than high school | High School | 4 yr Undergraduate Degree | Graduate Degree |
|--------|-----------------------|-----------------------|---------------------------|-----------------------|
| Mother | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Father | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

20. Are you working now? *

- Yes - Full Time
 Yes - Part Time
 No

21. HRSA provides funding to increase the number of primary care providers working in underserved areas. Please check all that apply. * Upon graduation do you plan to work in a:

- Medically Underserved Area
 Primary Care Setting
 Rural Area

22. Employer. Please provide us with information about your employer.

Name of Employer:

Address:

City:

State:

Zip Code:

Phone:

Hours per week:

23. Preparation BSN Degree Awarded _____ from _____
Year School

24. Professional Experience

List major employment related to nursing (most recent first):

| Agency and Location | Position | Dates | |
|---------------------|----------|-------|-------|
| | | From | To |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

25. Academic plan for present year and future semesters:

Fall _____
Total Units _____

Spring _____
Total Units _____

List all courses:

List all courses:

Fall _____
Total Units _____

Spring _____
Total Units _____

List all courses:

List all courses:

Fall _____
Total Units _____

Spring _____
Total Units _____

List all courses:

List all courses:

26. Describe briefly how you have arranged/modified your life and commitments to allow time for classes, homework (3 hours per unit of class), clinical course work, recreation, etc. Give specific examples for all major areas of life.

27. What are your plans for employment after completion of this program of study?

28. Trainees must agree to provide data regarding professional employment to the Center for Excellence in Nursing (CCCEN) at Fresno State following graduation for HRSA grant reporting purposes only. CCCEN (559) 228-2130 or School of Nursing (559) 278-2041

Agree _____ Do not agree _____

I HEREBY ACKNOWLEDGE THAT THE INFORMATION SUBMITTED IS TRUE AND CORRECT, AND I FULLY UNDERSTAND MY PROFESSIONAL OBLIGATIONS AS STIPULATED IN THE CRITERIA AND QUALIFICATIONS OF THE GRANT.

SIGNATURE OF APPLICANT

DATE OF SIGNATURE