

CALIFORNIA STATE UNIVERSITY, FRESNO

School of Nursing

Due by: September 12, 2016

**APPLICATION FOR THE ADVANCED EDUCATION NURSING
TRAINEESHIP STIPEND (AENT)**

The purpose of the AENT Program is to increase the number of master’s degree prepared nurses practicing as primary care providers in rural and medically underserved communities.

I hereby apply for the Advanced Education Nursing Traineeship stipend to assist in the payment of my education expenditures. **I will be a full-time student in the Family Nurse Practitioner or Pediatric Nurse Practitioner program, attending the 2016-2017 academic year.**

1.

Last Name First Name Middle Initial

2.

Street Address City State Zip Code

3.

Permanent Address City State Zip Code

4. () (559) - -

Home Phone Message Phone Social Security Number

Student ID# _____ Email: _____

5. FNP ___ or PNP ___ and number of units currently enrolled in? _____

6. California RN License Number _____ Expiration Date _____

7. Are you a citizen of the United States? Yes ___ No ___

If not, are you a permanent resident? Yes ___ No ___

8. Are you a Veteran? ___No ___Yes (please specify) ___Active ___Reservist ___Veteran (prior service) ___Veteran (retired)

9. What is your gender? * ___Female ___Male

10. Would you consider yourself of Latino or Hispanic ethnicity? *

Yes No

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

\$23,760 or less	\$23,761 to \$32,040	\$32,041 to \$40,320	\$40,321 to \$48,600	\$48,601 to \$56,880	\$56,881 to \$65,160	\$65,161 to \$73,460	\$73,461 to \$81,780	\$81,781 or more
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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. Do you plan to work in a specialty field after graduation?

- Yes, please specify which one _____
- No

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

Name of Employer:

Address:

City:

State:

Zip Code:

Phone:

Hours per week:

24. Preparation BSN Degree Awarded _____ from _____
Year School

25. Professional Experience

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

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

26. 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:

27. 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.

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

29. 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