

**CALIFORNIA STATE UNIVERSITY, FRESNO**

**School of Nursing**

**APPLICATION FORM FOR HRSA SCHOLARSHIP FOR DISADVANTAGED BACCALAUREATE NURSING STUDENTS**  
**2015-2016**

I hereby apply for the Scholarship for Disadvantaged Baccalaureate Nursing Students to assist in the payment of my education expenditures. I will be a full-time student, attending the 2015-2016 academic year.

1.  
\_\_\_\_\_

Last Name	First Name	Middle Initial
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2.  
\_\_\_\_\_

Street Address	City	State	Zip Code
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3.  
\_\_\_\_\_

Permanent Address	City	State	Zip Code
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4. ( )  
\_\_\_\_\_

Home Phone	Message Phone	Social Security Number
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Student ID#: \_\_\_\_\_ Email address: \_\_\_\_\_

5. Are you a citizen of the United States? Yes \_\_\_ No \_\_\_

If not, are you a permanent resident? Yes \_\_\_ No \_\_\_

6. Are you a Veteran? \_\_\_Active \_\_\_Reservist \_\_\_Veteran (prior service) \_\_\_Veteran (retired) \_\_\_Not A Veteran

7. What is your gender? \* \_\_\_Female \_\_\_Male

8. Have you ever lived in a Rural Residential Area? Yes \_\_\_ No \_\_\_

9. What is your age group? \* **Please attach a copy of your driver's license to verify age**

- < 20 years
- 20-29 years
- 30-39 years
- 40-49 years
- 50-59 years
- 60-69 years
- 70+ years

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 - **(circle one)** Chinese, Filipino, Japanese, Asian Indian, Thai, Korean, Malaysian, Pakistani
- Asian – **(circle one)** Hmong, Cambodian, Laotian, Vietnamese
- Black or African American
- Hispanic or Latino, **please specify** \_\_\_\_\_ (i.e. Mexican, Cuban, SouthAmer, Puerto Rican.)
- Native Hawaiian or Other Pacific Islander
- Caucasian
- Other, **please specify** \_\_\_\_\_

12. **Dependent Students Only** (under 24 years of age, living at home and/or being supported by family). Attach parent's 2014 tax return.

Estimate Total Family Income: \_\_\_\_\_ Family Size: \_\_\_\_\_

- \$23,540    \$31,860    \$40,180    \$48,500    \$56,820    \$65,140    \$73,460    \$81,780    >\$81,780

**Independent Students Only** (at least 24 years of age, self supporting for last 3 years).

1. include copies of your tax returns for the last 3 years (2012, 2013, 2014)
2. include a copy of your driver's license

Estimate Total Family Income: \_\_\_\_\_ Family Size: \_\_\_\_\_

- \$23,540    \$31,860    \$40,180    \$48,500    \$56,820    \$65,140    \$73,460    \$81,780    >\$81,780

\*\*\*\* (Request free tax return copies at <http://www.irs.gov/Individuals/Order-a-Transcript> )

13. Are you a first generation college student? \*

- Yes    No

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

	Less than high school	High School Graduate	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"/>

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?

Name:

Zip Code:

17. Current Employment

Name of Employer:

Address:

City:

State:

Zip Code:

Phone:

Hours per week:

18. Please check all that apply. \* Upon graduation, do you plan to work in a:

- Medically Underserved Community
- Primary Care Setting
- Rural Setting

19. Please select enrollment semester.      \_\_\_1<sup>st</sup>    \_\_\_2<sup>nd</sup>    \_\_\_3<sup>rd</sup>    \_\_\_4<sup>th</sup>    \_\_\_5<sup>th</sup>    \_\_\_6<sup>th</sup>

20. Academic plans for this year and future semesters:  
(See general ed. form or nursing major form)

Spring \_\_\_\_\_  
Total Units \_\_\_\_\_

Fall \_\_\_\_\_  
Total Units \_\_\_\_\_

List all courses:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all courses:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Spring \_\_\_\_\_  
Total Units \_\_\_\_\_

Fall \_\_\_\_\_  
Total Units \_\_\_\_\_

List all courses:

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List all courses:

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Spring \_\_\_\_\_  
Total Units \_\_\_\_\_

Fall \_\_\_\_\_  
Total Units \_\_\_\_\_

List all courses:

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List all courses:

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21. 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, and community involvement, etc. Give specific examples for all major areas of life.

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22. Do you come from a disadvantaged background? Please explain.

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

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**I agree to provide the School of Nursing and The Center for Excellence in Nursing with my employer information following graduation for grant reporting purposes only.**

Yes \_\_\_\_\_ No \_\_\_\_\_

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