

CALIFORNIA STATE UNIVERSITY, FRESNO

School of Nursing

APPLICATION FORM FOR HRSA SCHOLARSHIP FOR DISADVANTAGED BACCALAUREATE NURSING STUDENTS 2016-2017

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 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. () Home Phone Cell Phone Social Security Number

Student ID#: Email Address

Non-Fresno State Email:

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

9. Would you consider yourself of Latino or Hispanic ethnicity? * Yes No

10. 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

11a. Will you be under 24 years of age by Sept. 1, 2016? If yes, you must attach a copy of your **PARENT'S 2015 tax return.**

Yes _____ No _____

11b. Will you be at least 24 years of age by Sept. 1, 2016, and have been listed as a dependent on your parent's (or other's) taxes within the last 3 years (2015, 2014 or 2013). If yes, you must attach a copy of your **PARENT'S (or Other's) 2015 tax return.**

Yes _____ No _____

11c. Will you be at least 24 years of age by Sept. 1, 2016 and have **NOT** been listed as a dependent on a federal tax return within the last three years? If yes, you must attach a copy of **YOUR tax returns for 2015, 2014, and 2013.**

Yes _____ No _____

12. Estimate Total Family Income: _____ Family Size: _____

\$23,760 \$32,040 \$40,320 \$48,600 \$56,880 \$65,160 \$73,460 \$81,780 >\$81,780

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

13. Current Employment

Name of Employer:

Address:

City:

State:

Zip Code:

Phone:

Hours per week:

14. Have you participated in an academic enrichment program funded, in whole or in part, by the Health Career Opportunity Program (HCOP) or Nursing Workforce Diversity (NWD) Program?

Yes _____ No _____

15. Is English your first language? _____ Yes _____ No

What other languages do you speak? _____

16. Were you required to take the Test of English as Foreign Language (TOEFL)? _____ Yes _____ No

17. Are you a first generation college student?

Yes No

18. 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"/>

19. Do you come from a family that has received public assistance (e.g., Aid to Families with Dependent Children, food stamps, Medicaid, public housing)?

Yes No

20. Did you receive a GED? Yes _____ No _____
Or High School Diploma? Yes _____ No _____

High School:
City:
State:

21. Have you ever lived in a Rural Residential Area? Yes _____ No _____

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

Name:
Zip Code:

23. Upon graduation, do you plan to work in a:

Please check all that apply

- Medically Underserved Community
- Primary Care Setting
- Rural Setting

24. Please select enrollment semester as of Fall 2016. ___1st ___2nd ___3rd ___4th ___5th ___6th

25. What is your expected graduation date: _____

26. 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:

List all courses:

Spring _____
Total Units _____

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

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

29. Part of the intent of the SDS program is to award scholarships to disadvantaged students who want to provide care to underserved areas and populations following completion of their degree. What are your plans for employment after completion of this program of study?

30. 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