



NURSING WORKFORCE SCHOLARSHIP PROGRAM APPLICATION

Name \_\_\_\_\_ Student ID: \_\_\_\_\_  
Last First Middle Initial

Mailing Address \_\_\_\_\_  
Street City State Zip Code County

Phone \_\_\_\_\_ UMKC E-Mail \_\_\_\_\_  
Home Cell

High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Expected Graduation Date \_\_\_\_\_

What semester did you start receiving this funding \_\_\_\_\_

If Accelerated Student, Degree Awarded \_\_\_\_\_ From Where \_\_\_\_\_

Are you currently employed? \_\_\_\_yes \_\_\_\_no If yes, current employer \_\_\_\_\_

Will you remain employed while attending nursing school? \_\_\_\_yes \_\_\_\_no; if yes, hours/week you'll work \_\_\_\_

Is your background rural \_\_\_\_ or urban \_\_\_\_\_ First Generation College Student \_\_\_\_yes \_\_\_\_no

Race/Ethnicity (please circle): Asian Native American African-American Pacific Islander Filipino  
White Hispanic Other: \_\_\_\_\_

English as Second Language \_\_\_\_yes \_\_\_\_no Primary Language \_\_\_\_\_

Please check which of the following veteran questions applies to you:

\_\_\_\_ Active Duty Military (in full-time capacity in one of seven uniformed services)

\_\_\_\_ Reservist: Serving part-time in one of the seven uniformed services

\_\_\_\_ Veteran (Prior service): Discharged from one of the seven uniformed services after serving 20 years or more OR were discharged due to medical status

\_\_\_\_ Veteran in one of the seven uniformed services and honorably discharged. **Years served** \_\_\_\_

\_\_\_\_ Not a Veteran: never served in one of the seven uniformed services OR was discharged from one of the seven uniformed services before serving a total of 90 days or more.

How many credit hours will you be enrolling in for: Summer 15 \_\_\_\_ Fall 15 \_\_\_\_ Spring 16 \_\_\_\_

What are your post-graduation plans (choose one)? \_\_\_\_ Practice in a medically underserved area;  
\_\_\_\_ Practice in a primary care setting; \_\_\_\_ Practice in rural area

By my signature below, I verify that the above provided information is truthful and accurate and that I've read and understand the program requirements.

Signature of Applicant

Date

\_\_\_\_\_

\_\_\_\_\_

*This project is funded by a grant awarded under the Department of Health and Human Services, Human Resources and Services Administration, Nursing Workforce Diversity Grant Program.*

*SDS Student Application packet 2015-16.doc*