UMKC School of Nursing and Health Studies
Nursing Workforce Scholarship Program

Congratulations on your continuing success in nursing school and we hope that your spring semester is going well. As you know, the School of Nursing and Health Studies provides a variety of programs to ensure the overall academic success of its students. One program that we are very excited to continue to offer you is our Nursing Workforce Scholarship Program. Through a federally funded grant, students from the graduating Class of 2016 and 2017 may already be participating in the Nursing Workforce Scholarship Program or be interested in obtaining eligibility to participate in the final academic year of the program: 2015-16. Please know that whether continuing with this scholarship program, or starting in this scholarship program, we hope to continue our funding for 2015 to June 30, 2016 and you need to know that academic year 2015-2016 will be the final year of this program. Therefore, if you graduate after May, 2016 and are able to participate in this final year of the program, you will need to find other funding from other sources for subsequent years as this specific funding will no longer be available after June 30, 2016 for summer coursework. This program was developed to offer students financial assistance as they complete their baccalaureate degree in nursing. In addition to enrolling in 12 hours or more each semester, all interested students shall meet the following eligibility requirements.

**Eligibility:**

- **Pre-Licensure (PL) Class of 2016 & 2017 & Accelerated (AT) Class of 2016**

  *Continuing Students Must Re-Apply*

**Economic Criteria** is defined by the Public Health Service Act as “having an annual income that does not exceed 200% of the Department’s poverty guidelines”. For example, for a family of four, to be economically disadvantaged, the family income for the year would be less than $47,700.

The parental income will be used to determine a student’s eligibility for economically disadvantaged in all cases except in those cases where the student is considered independent by being at least 24 years old and not been listed as a dependent on his or her parents’ income tax for 3 or more years. In those cases, the student must provide signed copies of his/her parents’ 2012 2013 and 2014 Tax Return transcripts (for instructions to obtain those see: [http://www.sfa.umkc.edu/site2/verification.cfm](http://www.sfa.umkc.edu/site2/verification.cfm) If successful in documenting the student’s independent status, the students’ family income will be used instead of parental family income.

This scholarship is expected to expand diversity in our student body. Scholarship decisions will be made by the selection committee. Students will be notified of decisions in writing.

Eligible students will receive an **award of 50% or more of tuition and fees for the 2015-2016 academic year** as long as the following criteria are met each semester (Accelerated students require full time coursework in summer and can receive funding for fulltime enrollment as required by their plan of study):

- Maintain satisfactory academic progress and continuous enrollment;
- Maintain a minimum semester SoNHS GPA of 2.75 with no course grade less than a C;
- Enrolled in a minimum of 12 hours of SoNHS BSN academic coursework each semester;
- Have a continuing, demonstrated financial need as determined by the UMKC Financial Aid office;
- Abide by the UMKC student code of conduct and SoNHS Honor Code Policy.

**Application Checklist**

To apply for Nursing Workforce Scholarship Program, applicants must:

- Complete and submit the 2015-2016 Free Application for Federal Student Aid (FAFSA)
- Submit a completed Nursing Workforce Scholarship Program Application
- Submit the multi-year Income tax documentation requirements described above (as dependent or independent).

Participants agree to participate in University and grant publicity needs, as well as in data collection required for program evaluation and statistical reporting. Stipends will be disbursed from the UMKC Financial Aid Office when the above eligibility criteria have been verified by the selection committee. Failure to adhere to eligibility requirements may result in funds being returned by the student in accordance with federal requirements.

**Completed applications must be submitted to Becky Boettcher, SoNHS, 1st Floor, Room 1410 no later than 5:00 p.m. on May 29th.** Late or incomplete applications will be considered last, if at all.
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 ___________________________

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SDS Student Application packet 2015-16.doc