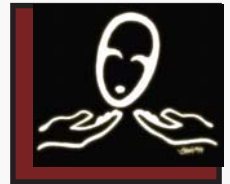


# RRANN



## Recruitment and Retention of Alaska Natives into Nursing University of Alaska Anchorage School of Nursing

You have been identified as a prospective RRANN student.

To be a RRANN participant, please complete the following form and return it in the stamped, self-addressed envelope. We help students connect with financial aid sources, on-campus housing and academic advising. Our direct services include stipends, community building, mentorship and tutoring. (note: these services require separate applications and specific eligibility criteria).

# APPLICATION

Date \_\_\_\_\_

## ANCHORAGE NURSING MAJOR

BS / BACCALAUREATE       AAS / ASSOCIATE of APPLIED SCIENCE

Name \_\_\_\_\_ Student ID \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cellular \_\_\_\_\_

E-Mail \_\_\_\_\_ Date of Birth \_\_\_\_\_

Ethnicity      Alaska Native \_\_\_\_\_      American Indian \_\_\_\_\_      Hispanic or Latino? \_\_\_\_\_

Alaska Native Group \_\_\_\_\_      Check All that Apply.

Native Corporations \_\_\_\_\_

Hometown/Village \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone Number \_\_\_\_\_

### I give the RRANN staff permission:

1. to access my grades for the purpose of following my academic progress.
2. to use my photograph and name for promotional use (newsletters/website/various other media outlets).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

