



RRANN

STIPEND APPLICATION

PRE-NURSING (Anchorage)

Contact Information			
NAME:			STUDENT ID:
DAY PHONE:	MSG PHONE:	CAMPUS:	
E-MAIL:			DATE OF BIRTH:
MAILING ADDRESS:	CITY:	STATE:	ZIP:
ETHNICITY:	Alaska Native _____	American Indian _____	Hispanic or Latino _____ Other _____

Other Information	
A.	Please answer one of the following questions:
1.	What is your cultural background and what motivated you to pursue the profession of nursing?
2.	How has RRANN influenced your academic/nursing experience?
B.	Certificate of Indian Blood currently on-file with RRANN Yes <input type="checkbox"/> No <input type="checkbox"/>
	Attach a copy of Certificate of Indian Blood or proof of enrollment in a Native Corporation (if copy is not currently on-file)

Signature	
I give permission for RRANN staff to discuss my progress with course instructors.	
I acknowledge that completion of this application does not entitle me to a stipend payment. I understand that I must complete the RRANN Stipend Program requirements before I will be eligible for stipend funds.	
Signed _____	Date _____