RRANN

# STIPEND APPLICATION

## Nursing Majors (BETHEL)

### 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 _____

NURSING MAJOR: BS / BACCALAUREATE ☐ AAS / ASSOCIATE of APPLIED SCIENCE ☐

### 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 ☐ No ☐

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 _____