RRANN

STIPEND APPLICATION

PRE-NURSING (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 _____

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 _____