

# NURSING WORKFORCE DIVERSITY PROGRAM



You've been identified as a Prospective Student of the UAA School of Nursing,  
**NURSING WORKFORCE DIVERSITY PROGRAM.**

## BETHEL

To be a NWDP 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, community resources and SON academic advisors.

Our direct services include monthly stipends, community building and tutoring.  
(note: these services require separate applications and has specific eligibility criteria)

### PROGRAM APPLICATION

Date \_\_\_\_\_

Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_

AAS Major

BS Major

#### CHECK ALL THAT APPLY:

Underrepresented

Students with a racial or ethnic background underrepresented in the registered nurse population.

Economically Disadvantaged

Students with a family or individual with an annual income below a level based on low-income thresholds established by the US Census Bureau.

Educationally Disadvantaged

This includes first generation college students or students for whom the K-12 environment has inhibited obtaining the needed knowledge, skills and abilities.

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

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

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

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

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

Ethnicity \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_

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

#### I give the NWDP 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

