STIPEND APPLICATION

NURSING WORKFORCE
DIVERSITY

NWDP
NURSING WORKFORCE DIVERSITY PROGRAM

CONTACT INFORMATION — ANCHORAGE CAMPUS

NAME:		STUDENT ID:
DAY PHONE:	MSG PHONE:	Spring ____ Summer ____ Fall ____
E-MAIL:		DATE OF BIRTH:
MAILING ADDRESS:	CITY:	STATE: ZIP:
ETHNICITY:		Hispanic or Latino
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 the Nursing Workforce Diversity Program influenced your academic/nursing experience?

SIGNATURE

I give permission for NWDP 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 NWDP Stipend Program requirements before I will be eligible for stipend funds.

Signed _____ Date _____