STIPEND APPLICATION

NURSING WORKFORCE
DIVERSITY

CONTACT INFORMATION

INDEPENDENT STATEWIDE

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 ☐

Mat-Su ☐ Kenai ☐ Valdez ☐ Homer ☐ Fairbanks ☐ Kotzebue ☐ Kodiak ☐

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 _____

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UNIVERSITY OF ALASKA ANCHORAGE
SCHOOL OF NURSING