

**Application for a  
Federal Professional Nurse Traineeship**  
NOTE TO NURSE ANESTHESIA APPLICANTS: Only 1<sup>st</sup> year students are eligible  
Page 1 of 2

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Please print Please print

Address \_\_\_\_\_  
Street City State Zip

Permanent Address \_\_\_\_\_  
Street City State Zip

Telephone #'s Home \_\_\_\_\_ Work \_\_\_\_\_

D.O.B. \_\_\_\_\_ Citizenship: US Or \_\_\_\_\_

Place of Birth \_\_\_\_\_  
City State Country

SS# \_\_\_\_\_ Sex: F or M Status Married or Single

Enrollment: FT or PT State of Residency \_\_\_\_\_

Expected Graduation: \_\_\_\_\_ Anesthesia Student: Yes or No  
Month Year

Have you held a previous Traineeship? Yes or No # of Months: \_\_\_\_\_  
Have you applied for other financial assistance? Yes or No If yes, list type, amount, source:

Total number of years of work experience since licensure to practice nursing:  
Years: \_\_\_\_\_ Months: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Are you receiving continuation of a salary from another institution: No  
Yes If yes, please provide name of contact person, address and phone number:

Explain need for financial assistance:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event that a student is in school more than one year, it is the student's responsibility to reapply for continuation of funding. The traineeship award covers the academic year of Fall through Summer Semesters. Applications for the coming year should be made by July 1st before Fall registration. The maximum number of months a student can be on this traineeship is 36 months for full-time study only 2nd or 3rd year Nurse Anesthesia students are not eligible to receive this award. Please return completed form to ADAA Office.

FOR OFFICE USE ONLY	
Admission Date: _____	Program: _____
Current Admission Status: _____	GPA: _____
MAT/GRE Scores: _____	Priority #: _____

# Traineeship Application Addendum

1. \_\_\_\_\_  
First Name
Middle Name
Last Name
2. \_\_\_\_\_  
Street Address
City
State
Zip Code
3. Social Security Number \_\_\_\_\_ 4. Date of Birth \_\_\_/\_\_\_/\_\_\_ 5. Telephone (\_\_\_\_) \_\_\_\_\_
6. F [ ] M [ ] 7. Race: \_\_\_\_ (optional) 8. State of Legal Residency \_\_\_\_ 9. Citizen of \_\_\_\_\_
10. Nursing Program: Undergraduate Generic [ ] MSN RN-BSN [ ] DSN [ ]  
 [ ] What track \_\_\_\_\_
11. Expected Graduation Date \_\_\_\_\_

**FINANCIAL INFORMATION:**

12. Number of Dependents \_\_\_\_\_ 13. Projected hours of work per week during the school year \_\_\_\_\_

**14A. School Expenses (per semester)**

Tuition & Fees \_\_\_\_\_ x 3 = \_\_\_\_\_  
 Books \_\_\_\_\_ x 3 = \_\_\_\_\_  
 Parking \_\_\_\_\_ x 3 = \_\_\_\_\_  
 Supplies/Uniforms \_\_\_\_\_ x 3 = \_\_\_\_\_  
 Other \_\_\_\_\_ x 3 = \_\_\_\_\_

**TOTAL A** \_\_\_\_\_

**14B. Living Expenses (per year)**

Child care \_\_\_\_\_  
 Travel \_\_\_\_\_  
 Housing \_\_\_\_\_  
 Food \_\_\_\_\_  
 Utilities \_\_\_\_\_  
 Other \_\_\_\_\_

**TOTAL B** \_\_\_\_\_

**14C. Campus-based aid/other resources (per year)**

Projected Savings \_\_\_\_\_  
 Projected Work Income \_\_\_\_\_  
 Perkins (NDSL) (NDS) \_\_\_\_\_  
 Stafford (GSL) \_\_\_\_\_  
 Work Study \_\_\_\_\_  
 Scholarships \_\_\_\_\_  
 Tuition Reimbursement \_\_\_\_\_

**TOTAL C** \_\_\_\_\_

Parental/Spouse Contribution \_\_\_\_\_  
 Veterans Benefits \_\_\_\_\_  
 Social Security \_\_\_\_\_  
 Traineeship \_\_\_\_\_  
 Child Support/Alimony \_\_\_\_\_  
 Other \_\_\_\_\_

**UNMET NEED:** Total Cost: \$ \_\_\_\_\_ (A & B) LESS Resources \$ \_\_\_\_\_ (C) = Unmet Need \$ \_\_\_\_\_ (A + B = C)

16. \_\_\_\_\_ Signature of Applicant 17. \_\_\_\_\_ Date

**FOR COMMITTEE USE ONLY**

Entering GPA \_\_\_\_\_

_____ Sem FT [ ] PT [ ] GPA _____ (from prev sem)	_____ Sem FT [ ] PT [ ] GPA _____ (from prev sem)
_____ Sem FT [ ] PT [ ] GPA _____ (from prev sem)	_____ Sem FT [ ] PT [ ] GPA _____ (from prev sem)
_____ Sem FT [ ] PT [ ] GPA _____ (from prev sem)	_____ Sem FT [ ] PT [ ] GPA _____ (from prev sem)

Previous scholarships/awards: \_\_\_\_\_

**Submit completed two-page application to the Office of Academic Affairs, SON 841.  
 For questions call Ana Newton at 713-500-2019.**