



Sinclair School of Nursing

University of Missouri Health

Nurse Education Incentive Fund Application, 2018-2019

Applicant Name: _____
Last First MI

Current Address: _____
Number & Street City State Zip

E-Mail Address: _____ Date of Birth: _____

Phone Number: _____

MU Student/Employee ID: _____ U.S. Citizen? Yes No

Driver's License #: _____ State: _____ State of Residence: _____

Ethnicity: Hispanic or Latino Non-Hispanic or Non-Latino

Race: Please check one or more that apply.
 Asian (other) White/Caucasian Hawaiian/Pacific Islander
 American Indian or Native Alaskan Black or African-American
 Asian (includes Chinese, Filipino, Japanese, Korean, Thai, and Asian Indian)

Gender: Male Female Other

Citizenship status: U.S. Citizen since birth Non-Citizen, Permanent U.S. Resident Visa
 Naturalized U.S. Citizen Non-Citizen, Temporary U.S. Visa

Are you from a rural residential background? Yes No
 Definition of rural is a geographical area that is not part of a Metropolitan Statistical Area. To check if an area is rural, go to <http://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx>.

Are you from a disadvantaged background? Yes No
 Definition of a disadvantaged background is a citizen, national, or lawful permanent resident of the United States or the District of Columbia, the Commonwealths of Puerto Rico or the Marianas Islands, the Virgin Islands, Guam, the American Samoa, the Trust Territory of the Pacific Islands, the Republic of Palau, the Republic of the Marshall Islands and the Federated State of Micronesia who either:
 a) Comes from an environment that has inhibited the individual from obtaining knowledge, skills, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession; OR
 b) Comes from a family with an income below a level based on low income thresholds according to family size published by the U.S. Bureau of Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary, HHS, for use in health professions and nursing programs.

What is your veteran status? Active duty military Reservist
 Veteran (prior service) Veteran (retired) Not a Veteran

I am am not in default of a federal or other loan.

Are you receiving any financial assistance for this program? Yes No

If yes, please list
source /amount:

Highest degree obtained? _____ Name of University: _____

If employed, current position and place of employment:

Date Entered Program: _____ / _____ Expected Graduation Date: _____ / _____
semester year semester year

How many credit hours have you completed towards your MS degree? _____

Status: Part time Full time

Indicate courses you will take during the next three semesters:

Fall 2018 - Course Numbers/Names & Credit Hours

Spring 2019 - Course Numbers/Names & Credit Hours

Summer 2019 - Course Numbers/Names & Credit Hours

Professional References

1) Name: _____ Phone #: _____

Address: _____

2) Name: _____ Phone #: _____

Address: _____

Include any information you want us to know as we consider applications for these funds:

Agreement

I have read the recipient responsibilities associated with the Nurse Education Incentive Fund and understand that I must agree to the service obligation associated with the Nurse Education Incentive Fund in order to be eligible to receive an award from this fund. This means I agree to graduate from the Sinclair School of Nursing and teach in an RN nursing program in the state of Missouri for a minimum of three years. Following graduation, I have a 12 month grace period in which to find a teaching position. Failure to graduate from the Sinclair School of Nursing and/or failure to comply with the teaching obligation will result in repayment of the loan with interest.

Although need is not a criteria, federal approval for this program requires submission of a Free Application for Federal Student Aid ([FAFSA](#)). My FAFSA has has not been submitted.

The above information is correct and complete, and I hereby authorize verification as required by the school.

Printed Name: _____ Date: _____

Signature: _____

Submit your completed application, ALONG WITH A COPY OF YOUR TRANSCRIPT (an unofficial transcript is acceptable), to:

Linda Huether
S214, Sinclair School of Nursing
University of Missouri
Columbia, MO 65211
HuetherL@missouri.edu

Deadline for submission is: April 1, 2018.

If you have any questions, contact the Sinclair School of Nursing at (573) 882-0278.