SCHOOL OF NURSING
UNIVERSITY of WASHINGTON

UNIVERSITY OF WASHINGTON SCHOOL OF NURSING
APPLICATION FOR FINANCIAL AID

Funding is awarded for the academic year ONLY (Fall, Winter, and Spring)

SUMMER FUNDING IS ONLY AVAILABLE IN HARDSHIP OR EMERGENCY SITUATIONS.

This entire form must be completed. If something does not apply, write "N/A." DO NOT ENTER "N/A" FOR YOUR STUDENT NUMBER.

Notification letters are sent July – August prior to the beginning of Fall Quarter.

Are you interested in the Nursing Faculty Loan Program (NFLP)? ☐ Yes ☐ No

Date Completed: _____

UW Unmet Need: _____
(Office use only)

Last Name **First Name** **Middle Name** **Maiden or Former Names**

Program: ABSN ☐ BSN ☐ MN ☐ MS ☐ DNP ☐ PhD ☐

Nursing Program and Field of Interest (be specific – ANP oncology, FNP rural nursing, community/public health, etc.):

Sex (Optional): ☐ Male ☐ Female Email address: _____

Current Address: _____ _____
Street City State ZIP Phone

Permanent Address: _____ _____
Street City State ZIP Phone

Letters notifying you that you will be awarded funds from the School of Nursing are sent in late spring, summer, or later.
We will use the **Current Address** listed above unless you tell us differently. If there is a better address for summer, please enter it as your **Current Address.**

UW Student Number (leave blank if not assigned): _____ Enrollment: Full-Time ☐ Part-Time ☐

Are you a U.S. Citizen? ☐ Yes ☐ No If no, admitted for Permanent Residence? _____ Birthdate: _____

Are you classified by the University of Washington as a Washington State Resident? _____ If yes, how many years? _____

Did you complete grades 6-12 (includes high school) within Washington State? _____ If yes, where? _____

Entrance Quarter & Year: _____ Number of quarters remaining: _____

Do you have a Washington State license to practice nursing? _____ License No.: _____

Veteran? ☐ Yes ☐ No South East Asian Veteran? ☐ Yes ☐ No Ethnicity (optional): _____

Do you work at UWMC? ☐ Yes ☐ No If so, how long have you been employed? _____

Do you currently hold a faculty appointment in the School of Nursing? ☐ Yes ☐ No If yes, which SoN department? _____

NOTE: It is against UW policy to maintain a faculty appointment simultaneous with student status in the same school.

Are you eligible to receive tuition exemption? ☐ Yes ☐ No If teaching, what quarter(s) this year? _____

List any and all other education benefits (except federal loans) being received for the coming year (e.g., military, other scholarships, etc.) *(100 word limit)*

Do you volunteer? ☐ Yes ☐ No If yes, where and what are you doing? *(150 word limit)*

NURSING CAREER GOALS: All students should address your career goals below and also INDICATE IF YOU PLAN TO TEACH AT ANY TIME AFTER GRADUATION. *If you are interested in the Nursing Faculty Loan Program (NFLP) and are a Master's, DNP, or PhD student, use this space to discuss your plans to teach full-time following completion of the program and mark the top box on this form. For more information on the NFLP, visit:* http://nursing.uw.edu/academic-services/financial-aid/school-of-nursing-funding.html. *(150 word limit)*

Please explain your situation in enough detail so that your total need is adequately described. *(300 word limit)*

By submitting this form, if awarded a scholarship, I give my permission to release my GPA to my donor and any information regarding my Washington State residency status (years in state) and the years I attended grades 6-12.

Contact Laura Mason (ljmason@uw.edu) if you have any questions regarding this form.