

MEMORANDUM

TO: MSN and DNP Applicants

FROM: Federal Nurse Traineeship

Since the beginning of the graduate program, Troy University School of Nursing has received funds from the Division of Nursing of the United States Public Health Services for Federal Nurse Traineeships. The purpose of the Federal Nurse Traineeships is to provide financial assistance to students pursuing the graduate nursing degree. Federal guidelines stipulate the traineeship recipient must be a citizen of the United State or have been lawfully admitted to the United States for permanent residence and maintain full-time enrollment in a graduate nursing program (defined as 9 semester hours) for a minimum of two consecutive semesters. An appointment under a PHS Training Grant may not be held concurrently with any other federal educational award which provides a stipend or otherwise duplicates provisions, except Veterans' Administration Benefits (GI Bill); loans from the federal funds are not considered federal awards.

There is no obligation to pay back these funds or to perform any services for Troy University. However, the School of Nursing must maintain records on recipients for three years after graduation. These records are necessary to comply with federal requirements for post-award management and evaluation. Therefore, recipients are required to supply the school with a permanent mailing address and notify the office of the Graduate Nursing Program Director of any address changes.

The Federal Nurse Traineeship awards are reviewed and funded annually. Therefore, the availability of Federal Nurse Traineeships is not assured until the School of Nursing receives notification of the award from the Division of Nursing. Students must apply each Fall for the traineeship.

If you wish to apply for these funds, please complete the attached application form and return it to the office of the Graduate Nursing Program Director.

Sincerely,

*Dr. Patsy Riley*

Dr. Patsy Riley, RN, MSN, FNP  
MSN Program Coordinator  
Grant Project Director

PR/ddw

**TROY STATE UNIVERSITY  
SCHOOL OF NURSING  
Graduate Nursing Program  
FULL-TIME**

**APPLICATION FOR FEDERAL PROFESSIONAL NURSE TRAINEESHIP**

NOTE: Before your application can be processed, you must be admitted to the Graduate Nursing Program

**Name:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street City State Zip

**Marital Status:** \_\_\_\_\_ **Legal Dependents:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Legal Residence:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Total Number of Years Work Experience Since Licensure to Practice Nursing:**

Years \_\_\_\_\_ Months \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

**Have you held a previous traineeship?** Yes \_\_\_\_\_ No \_\_\_\_\_

Name of School: \_\_\_\_\_ Level of Study: \_\_\_\_\_

Type of Traineeship: \_\_\_\_\_

**Have you applied for other financial assistance?** Yes \_\_\_\_\_ No \_\_\_\_\_

Type of Financial Assistance: \_\_\_\_\_

Sponsoring Institution: \_\_\_\_\_

**Need for Financial Assistance:** \_\_\_\_\_

**Nursing Major:** Clinical Specialist \_\_\_ FNP \_\_\_ **Semester Planning to Enroll:** \_\_\_\_\_  
Informatics \_\_\_ DNP \_\_\_\_\_

**Where do you plan to work after graduation?** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Application Received:	Admission Category:
Admission Date:	Nursing Major:
MAT Score: _____ GPA: _____	Remarks:
Semesters to Graduation:	