

Troy University School of Nursing BSN Program  
**Creating a Diverse Professional Nursing Workforce through Learning and  
 Practice Communities**

Application for Participation in Project  
 Clinical Sequence Students

Eligibility Requirements

- Resident of a target county\*
- Agree to participate in project activities (Participation is defined as an average of 3 hours per week, or 45 hours per semester in addition to 4 workshops on campus)

Name (include ID# or SSN) \_\_\_\_\_

Permanent Address \_\_\_\_\_

Local Address \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Troy Email Address \_\_\_\_\_

Alternate Email Address \_\_\_\_\_

County of Permanent Residence \_\_\_\_\_

High School Attended  
 (include county, city and state) \_\_\_\_\_

Semester of Clinical Sequence \_\_\_\_\_

Emergency Contact \_\_\_\_\_

**Target Counties\***

Barbour	Covington	Geneva	Monroe
Bullock	Crenshaw	Henry	Montgomery
Butler	Dale	Houston	Pike
Coffee	Dallas	Lowndes	Russell
Conecuh	Escambia	Macon	Wilcox

Please answer the following questions in your own words: Why are you interested in this project? How do you think this project will assist you in meeting your academic goals?

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Have you received the NWD Grant previously? (circle)                      YES                      NO

If yes, how many semesters have you received it? \_\_\_\_\_

Please list all financial assistance you receive (include amounts).

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Return this completed form to:

**NWD Grant Project Coordinator  
 Troy University School of Nursing  
 159 Collegeview Building  
 400 Pell Avenue  
 Troy, AL 36082**

**Deadline for submission is January 10, 2011**

<p><b>Signature:</b> _____</p> <p><b>By signing this application, I verify the information I have provided is correct. I understand that failure to participate in project activities may result in the non-renewal of my stipend/scholarship for subsequent semesters.</b></p>
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