

**APPLICATION FOR NURSING EDUCATION GRANT  
PROVIDED BY THE STATE OF FLORIDA  
THROUGH THE USF COLLEGE OF NURSING  
PLEASE PRINT OR TYPE - USE BLACK OR BLUE INK ONLY**

**AWARD INFORMATION**

Award Period 7/1/2018-6/30/2019 CFDA # N/A - State Funds  
C/F Number Fund 10000 Dept 629500  
EIN Number N/A

**PERSONAL INFORMATION & STATEMENTS**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Student ID Number \_\_\_\_\_ Sex: M or F \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Work Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Degree Program: \_\_\_\_\_ Completion date: \_\_\_\_\_

Only U.S. citizens, Noncitizen nationals and permanent residents of the US are eligible for this award.

Are you presently classified as one of these in the U.S.?  
Federal law requires proof of your authorization. Please submit proof of your identity with your application upon submission. \_\_\_\_\_ Yes \_\_\_\_\_ No

Awardees must have no judgment liens entered against him/her based on default of a Federal debt, 28 U.S.C. 3201(e). Are you delinquent on any Federal debt(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No

You can certify you are a full-time student in good standing at the USF College of Nursing. (Masters is 9 hours/semester and "B" or > GPA, PhD is 9 hours/semester with 3.0 or > GPA) (6 hours each in Summer only) \_\_\_\_\_ Yes \_\_\_\_\_ No

I understand that I must, without exception, report any of the following changes to the college Business Office: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Withdrawal from USF. Address change. Drop below full-time status.  
Name change. Join military/peace corps. Drop below grade average required.  
Opt of nurse educator program.

I understand that if I graduate or withdraw from USF, I must arrange for an exit interview with the college Business Office. \_\_\_\_\_ Yes \_\_\_\_\_ No

I understand that upon graduation I must maintain communication with the college and provide documentation of my nursing faculty teaching position for 3 years and that failure to secure a teaching position will result in my paying back all monies received under this program. \_\_\_\_\_ Yes \_\_\_\_\_ No

**CERTIFICATION, AUTHORIZATION AND SIGNATURE**

I hereby consent to the release of any information maintained about me by all previous employers, educational institutions, law enforcement authorities, licensing boards or any other entity, agency, or individual which the University may contact to secure references or records. I hereby authorize the University to release information concerning my application to any Federal agency that requires this information. I certify that the statements I made are true and complete to the best of my knowledge. I further understand that any false statements or omissions made on this application or supplement may be grounds for immediate discharge or for removal from consideration of the award.

Signature: \_\_\_\_\_  
Student

Date \_\_\_\_\_

Signature: \_\_\_\_\_  
Business Office - confirming completion of award process

Date \_\_\_\_\_