

**Angelo State University
Department of Nursing
Master of Science in Nursing**

Graduate Nursing Financial Aid Application

Name: _____ Student ID# _____

Option Enrolled In (Check one):

____ MSN-Clinical Nurse Specialist ____ RN-MSN (Clinical Nurse Specialist)

____ MSN-Nurse Educator ____ RN-MSN (Nurse Educator)

Specific financial aid program(s) you are applying for:

____ Advanced Education Nursing Traineeship (all options, part-or full-time eligible)

____ Nursing Faculty Loan Program (nurse educator students eligible only)

____ Shannon/Boelsche Scholarship (full-time CNS students eligible only)

Semester/academic year you are seeking funding for: ____ Fall ____ Spring 200__

Number of hours you will be taking: _____

Projected graduation date: _____

Please list all financial aid (grants, loans, scholarships, employer reimbursement) you are currently receiving, or are slated to receive. (Attach another sheet if you need more space.)

Type of Aid	Amount	Renewable (y/n)	How often
1. _____			
2. _____			
3. _____			

County and state of permanent residence: _____

Graduate of _____ in _____
(name of high school) (county/state)

Family information (optional):

Marital status _____

Number of dependents claimed on taxes _____

Employment status:

Employer _____

Hours per week _____ Current pay scale/monthly income _____

Please list volunteer/community/professional/service activities you are involved in:
(Example: American Heart Association, Right Choices for Youth, ASU department committees.) (Attach another sheet if you need more space.)

1. _____
2. _____
3. _____

Please describe any personal/financial hardship situations you wish to be considered with this application.

If you are applying for the Nursing Faculty Loan Program (NFLP) please continue below.

Students applying for the **Nursing Faculty Loan Program (NFLP)** must enroll as a full-time student for at least two consecutive semesters, and answer the following questions:

Are you a U.S. Citizen or national of the U.S.?

Yes No

Have you had any judgment liens entered against you based on the default on a Federal debt, 28 U.S.C. 3201 (e)?

Yes No

My electronic submission of this form demonstrates that all the information contained in this application is accurate and current.

Signature

Date

Note: You must have been accepted to both the Graduate School and the Department of Nursing prior to applying for graduate financial aid.

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SUBMIT