

Virginia Commonwealth University  
School of Nursing

Advanced Education Nurse Traineeship Grant  
*Academic Year 2009-10 Application Form*

What is the Advanced Education Nurse Traineeship (AENT) Grant? The AENT Grant is financial assistance that supports nursing students while they are pursuing their MS degree. The funding is made available through the Nurse Training Act of 1964 and administered by the Public Health Services, Department of Health and Human Services. It is like a "scholarship" in that students just need to be students to receive it. Awardees are expected to practice in their specialty after graduation or become nurse administrator

Requirements – MS students with RN license

Preference is given to individuals willing to work in Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA) as defined by the federal government.

Instructions -

- Applicants are strongly encouraged to file the Free Application for Federal Student Aid (FAFSA). <http://www.fafsa.ed.gov/>
- Funding is available to students following **full time curriculum plan** as posted on the VCU School of Nursing Current Student Page or in their last year of part time study.
- Applicants must attach copy of School of Nursing Plan of Study with fall class schedule (available from E-Services). If applying for Spring funding, must submit spring schedule to the Office of Enrollment & Student Services by December 1. Confirmation of spring award will be sent via email prior to January 1st.

Name (Last, First, Middle)

VCU Student Number (do not use ssn)

VCU Email Address

MS Concentration –

Year of Entry –

**Traditional MS**  Fall 2008  Fall 2009  other \_\_\_\_\_ (part time students only graduating in Dec 09 or May 10)

**RN-MS** must have BS in Nursing awarded \_\_\_\_\_

**Accelerated MS**  Summer 2007  Summer \_\_\_\_ (part time students only graduating in Dec 2009 or May 2010)

Expected Graduation Date -

Virginia Resident?  Yes  No

US Citizen?  Yes  No

US Permanent Resident?  Yes  No

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The following information will be used for reporting the percentage of students at different income levels receiving financial assistance. It is required for school to apply for grant renewal. All family income date is confidential and will be shredded after compilation.

1. List your adjusted gross (family) income from your 2008 federal tax return: \$ \_\_\_\_\_
2. a) List your estimated income for the period January 1-August 31, 2009 \$ \_\_\_\_\_  
  
b) List your partner/spouse's estimated income for the period January 1-August 31, 2009 \$ \_\_\_\_\_  
  
c) List your projected income for the period of (Sept. 1-December 31, 2009) \$ \_\_\_\_\_  
  
d) List your partner/spouse's projected income for the period of (Sept. 1- December 31, 2009) \$ \_\_\_\_\_  
  
e) List additional projected income for 2009 (i.e. alimony, child support, rent, savings, interest, scholarship[s], government subsidy, family support [other than spousal support], do not include traineeship monies. \$ \_\_\_\_\_  
  
Source:  
  
Spouse/Partner Source:  
  
Partner/Spouse's occupation:
3. Total family income for 2009 (add a through e above) \$ \_\_\_\_\_

*Please list any exceptional financial circumstances that would be relevant to the consideration of this application (i.e., pending separation, divorce, ill/disabled family member, extenuating travel/lodging costs, etc.). If necessary, attach an additional page.*

*Please list any tuition support (waiver or reimbursement) that you expect to receive for the upcoming academic year. Fall \$ \_\_\_\_\_ Spring \$ \_\_\_\_\_*

Should I receive this traineeship, I will not accept financial support for training from any other *federal* source (e.g. government agencies, National Health Service Corps, Veteran's Health Administration, etc.), or *federal grants* during the period of this award. I will notify the School of Nursing, Virginia Commonwealth University, should I receive financial support from any source during the period of this traineeship award. I will also agree to *repay* any funds awarded to me through overpayment. I also understand that by accepting this traineeship that I plan to continue working in the field of nursing, i.e., teaching, supervising or serving in another nurse specialty determined by the Surgeon General to require advanced training. **I certify to the best of my knowledge that the above information is complete and correct and that I will submit proof of the above statement if requested.**

*Applicant's Signature*

*Date*

**Submit your completed application no later than 4:00 p.m., Thursday, August 13, 2009 (or postmarked 8/13/09) to: VCU School of Nursing Scholarship Committee, PO Box 980567, Richmond, VA 23298 OR Fax (804) 828-1839. This application is NOT considered complete UNLESS it is accompanied by a copy of your Fall Registration and a copy of your plan of study.**