PROFESSIONAL NURSE TRAINEESHIP
Information, Instructions, and Application Form
Opens April 1st. Due 4 p.m., June 1st.

What is the Professional Nurse Traineeship?
The Professional Nurse Traineeship is financial assistance that supports nursing students while they are pursuing their MS degrees. Awardees are expected to practice in their specialty after graduation or become nurse administrators or faculty.

What does the Professional Nurse Traineeship provide?
Awardees will receive quarterly awards of approximately $3,000. Awards are made for one academic year only (3 quarters). Each year of funding requires a separate application and review process.

Who is eligible to apply?
MS students are eligible to apply if they are citizens of the United States or permanent residents and are, or will be, licensed as a registered nurse by June 1, 2015.

Who is not eligible?
Those ineligible to receive these funds fall into four categories:

- Those who are receiving grants or training fellowships from any other federal sources (e.g., government agencies, NHSC scholarship, Veteran’s Health Administration, etc.) including federal grants for the State and/or military funding during the period of the award. The Office of Student Affairs must be notified of financial support received from any source during the period of the traineeship;
- Those on filing fee status;
- Those who have accumulated more than thirty-six months of previous or current support under this scholarship; or
- Occupational Health Nursing students should not complete this application. Instead, OHN students should contact Sharon Solorio (CHS Dept.) sharon.solorio@ucsf.edu for information regarding Occupational Health traineeship applications.

What are the awardees' responsibilities?
- All students will receive a “statement of appointment” and a “direct deposit” form from the Office of Student Affairs that must be completed and returned by the designated deadline;
- Maintain a minimum of 8 units per quarter;
- Accept employment upon graduation in teaching, supervision, or nursing specialty for which you trained; and
- Repay any overpayment awarded to you if your status should change, you are taking less than 8 units/quarter, receiving other federal funds or withdraw from the program.

What is the process for applying?
- Download and fill out the application from the School of Nursing Financial Aid webpage; and
- Submit a complete and signed application with a copy of your most recent federal income tax return (1040 or 1040EZ).

When and where do I submit my application?
- The Traineeship application and federal income tax return are due by 4 p.m. on June 1st every year. If June 1st falls on a weekend or holiday, the deadline is the following regular workday.
- Submit in person or by mail to: Maria Elena de Guzman PNST UCSF School of Nursing, Office of Student Affairs 2 Koret Way, N319-X San Francisco, CA 94143

More questions?
mariaelena.deguzman@ucsf.edu
## University of California, San Francisco
### School of Nursing

**PROFESSIONAL NURSE TRAINEESHIP**

*Application Form*

*(Please Print or Type)*

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<thead>
<tr>
<th><strong>Name</strong> (Last, First Middle)</th>
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<tr>
<th><strong>Mailing Address</strong></th>
<th><em>(Area Code) and Telephone Number</em></th>
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<th><strong>Mailing City, Zip</strong></th>
<th><strong>Email Address</strong></th>
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<tr>
<th><strong>California Resident?</strong></th>
<th><strong>US citizen?</strong></th>
<th><strong>Permanent Resident?</strong></th>
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<tr>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
<td>[ ] Yes [ ] No</td>
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List dependent(s) with age(s) and relationship which you claim on your federal income tax:

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<tr>
<th><strong>Degree Objective</strong></th>
<th><strong>Student Status</strong></th>
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<tr>
<td>[ ] MS</td>
<td>[ ] New</td>
</tr>
<tr>
<td>[ ] MEPN-MS. If you elected to withdraw, year of withdrawal: __________</td>
<td>[ ] Continuing</td>
</tr>
<tr>
<td>[ ] If you attended UCSF MEPN Program, please provide date of RN license: ____________________</td>
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Have you ever received a Professional Nurse Traineeship? [ ] Yes [ ] No
If yes, please answer the question below:

I have previously received the Federal Nurse Traineeship:

Name of school: _______________________________ Month/Year from: __________ Month/Year to: __________

Name of school: _______________________________ Month/Year from: __________ Month/Year to: __________

I am applying for assistance for the following quarters (check all that apply):

[ ] Fall Qtr 2015 [ ] Winter Qtr 2016 [ ] Spring Qtr 2016 [ ] All Quarters

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<th><strong>Department</strong></th>
<th><strong>Specialty Area:</strong></th>
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<td>[ ] Family Health Care Nrsg.</td>
<td>[ ] Community Health Systems</td>
</tr>
<tr>
<td>[ ] Physiological Nrsg.</td>
<td>[ ] SBS</td>
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Are you receiving Financial Aid? If yes, provide details
PNST Application Form (continued)

1. List your adjusted gross (family) income from your 2014 federal tax return: $______________

2. Estimated income for 2015:
   a) List your estimated income for the period January 1-May 31, 2015 $______________
   b) List your partner/spouse’s estimated income for the period January 1-May 31, 2015 $______________
   c) List your projected income for the period of (June 1-December 31, 2015) $______________
   d) List your partner/spouse’s projected income for the period of (June 1-December 31, 2015) $______________
   e) List additional projected income for 2015 (i.e. alimony, child support, rent, savings, interest, scholarship[s], government subsidy, family support [other than spousal salary], do not include traineeship monies. $______________

Sources: _________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

Partner/Spouse's occupation: _________________________________________________________________________________

3. Total family income for 2015 (add a through e above) $______________

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, University of California, San Francisco, 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 the Traineeship application and federal income tax return by 4 p.m. on June 1st (see information).

This application is NOT considered complete UNLESS it is accompanied by a copy of your most recent federal tax return.
Scholarship Addendum

This page is an addendum to the Professional Nurse Scholarship/Traineeship application. You do not have to fill out this page in order to complete your application. However, we ask you to fill it out if you are interested in being considered for support should new monies become available. The Dean is actively soliciting scholarship funds from donors whose gift giving interests vary according to unmet need, specialty, focus area, target patient population, career goals, ancestry or family relationships, ethnicity, national origin or religion. Please fill this out and submit it with your application if you wish to be considered for any new funding that may become available during the academic year.

How would additional funding change your academic life next year?

Are you or will you experience any significant hardships if your funding is limited next year?

What are your anticipated areas of unmet need or other exceptional challenges (e.g. divorce, ill/disabled family member, long distance educational commute)?

Check boxes for any characteristics that apply to you:

Academic Specialty or Topic
☐ Heart Failure

Career Path and Plans
☐ Plan to teach full time in a school of nursing
☐ Have worked for the Veterans Administration

Ancestry or Family Relationship
☐ Raised in foster care
☐ Raised in a disadvantaged family
☐ Experienced barriers to education
☐ Military: veteran, or spouse or child of a veteran

Ethnicity, National Origin or Religion
☐ Immigrant or child of immigrants
☐ Greek descent

Feel free to add a few details below on your own characteristics, if not listed above, in the event these are the focuses of future funding sources.