

University of Rhode Island  
College of Nursing  
Application for Advanced Education Nursing Traineeship

Name of Trainee: _____	
Present Mailing Address: _____	
Phone Number: _____	
Permanent Mailing Address: _____	
Phone Number: _____	
Sex: _____	Birthdate: _____ Birthplace: _____
Marital Status: _____	U.S. Citizen: _____ Yes _____ No
Social Security Number: _____	
State of Nurse licensure: _____	
What degree are you seeking? _____ M.S. _____ Ph.D.	
(If M.S., in which concentration?)	
_____ Primary Health	_____ Education _____ Administration
_____ Nurse-Midwifery	_____ Mental Health _____ Gerontology
Period of Requested Appointment:	
Fall Semester (Year) _____	No. of credits _____
Spring Semester (Year) _____	No. of credits _____
Summer Session I (Year) _____	No. of credits _____
Summer Session II (Year) _____	No. of credits _____
(Exact schedule for Summer Session must be submitted)	
I have previously received traineeship funds:	
from _____	to _____ and
from _____	to _____
never _____	
Check appropriate: _____ American Indian _____ Asian American	
_____ Black	_____ Caucasian
_____ Hispanic	_____ Other _____
I certify that I will not accept during the period of this appointment any other educational benefits from the U.S. Government concurrently with a stipend from a grant.	
I will not accept any employment that will interfere with devoting full time to my studies during the period of the grant.	
I will notify the Program Director immediately should my status change.	
Applicant Signature _____	Date _____
One the purposes of the Advanced Education Nursing Traineeship Program is to help educate nurses at the graduate level who will help meet the health care needs of medically underserved populations or the public health nursing needs in State or local health departments. This includes areas designated as Health Professional Shortage Areas, rural, community, migrant and mental health clinics, health centers, programs for those who are homeless, Indian health services, local health departments, visiting nurse agencies and in State designated ambulatory sites. In distributing this award some priority will be given to those who sign the following commitment to practice in a medically under-served area. If you are so committed, would you please sign the following statement. I am committed to practicing in a medically underserved area after graduation.	
Applicant Signature _____	Date _____

This trainee is qualified for the program of study and eligible to receive the financial support for the following period:  
\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Program Director