

# Professional Nurse Traineeship Application

College of Nursing  
University of South Carolina

## Instructions

1. A traineeship is a monetary award from the federal government to support full-time graduate students in nursing who are pursuing an advanced degree.
2. Academic performance and full-time study (9 semester hours for fall and spring) are the primary criteria used in awarding traineeships. **Traineeship support for part-time students is limited to students in their final graduating semester only.**
3. Course enrollment projections must be on file in the College of Nursing for the Fall and Spring semesters for which funds are requested.
4. Current recipients must reapply each year **to be considered** for continued support. Completed applications must be submitted to the Office of Student Affairs (OSA) by **July 31, 2011**. Mailed applications must be received in OSS by **July 33, 2011**. They should be mailed to:

Office of Student Affairs  
Attention: Gloria Fowler  
College of Nursing  
University of South Carolina  
Columbia, SC 29208

5. Federal traineeship support is limited to a maximum period of 36 months for each graduate student.
6. Traineeship recipients will be notified of their selection by late summer (August 2011).

Entered: \_\_\_\_\_ Received: \_\_\_\_\_  
For Administrative use only: GPA \_\_\_\_\_ FT \_\_\_\_\_ Award \_\_\_\_\_



UNIVERSITY OF  
**SOUTH CAROLINA**

*USC College of Nursing*  
Postmark Deadline: July 30, 2011

**PROFESSIONAL NURSE TRAINEESHIP APPLICATION**

**ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL**

**Personal and Demographic Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Social Security Number \_\_\_\_\_ E-mail address \_\_\_\_\_  
Present Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code (+4) \_\_\_\_\_  
Permanent Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code (+4) \_\_\_\_\_  
Present phone ( ) \_\_\_\_\_ Permanent phone ( ) \_\_\_\_\_  
Are you a U.S. citizen?     Yes     No    If No, do you possess a visa permitting U.S. residency?     Yes     No

**Projected Degree and Enrollment Information (effective Fall 2011)**

If you will be a **Master of Science in Nursing Student**, indicate emphasis:  
 Acute Care Nurse Practitioner     Family Nurse Practitioner

If you will be a **Post-Master Certificate of Graduate Study in Advanced Practice Nursing Student**, indicate emphasis:  
 Acute Care Nurse Practitioner     Family Nurse Practitioner

Will you be a **Master of Science in Nursing/Master of Public Health Student** (dual degree)?     Yes

If you will be a **Doctor of Nursing Practice Student**, indicate level of entry preparation:  
 Non-BSN prepared     BSN prepared     MSN prepared

If you will be a **Doctor of Philosophy in Nursing Science Student**, indicate level of entry preparation:  
 BSN prepared     Master's prepared

You will be a:  
 new undergraduate student     continuing undergraduate student     transfer undergraduate student  
 new graduate student     continuing graduate student     transfer graduate student

You plan to graduate in:  
 Fall     Spring     Summer    of 20\_\_\_\_\_

Provide information below regarding the term(s) for which you are seeking support, the number of hours in which you will be enrolled, and the specific courses you are projected to take. *This must coincide with projections on file in your student record.*

Fall 2011:    Number of hours enrolled: \_\_\_\_\_    Projected Courses: \_\_\_\_\_  
Spring 2012:    Number of hours enrolled: \_\_\_\_\_    Projected Courses: \_\_\_\_\_

**Goals:** Briefly share your professional nursing goals and your plans for achieving them.

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**Financial Aid:** Complete statements that apply to you.

I have received a Professional Nurse Traineeship for \_\_\_\_\_ months (include any traineeships granted by other institutions as well as USC).

I will be receiving aid from sources other than the University of South Carolina and the College of Nursing.

Name of Source: \_\_\_\_\_ Amount \_\_\_\_\_

Name of Source: \_\_\_\_\_ Amount \_\_\_\_\_

Name of Source: \_\_\_\_\_ Amount \_\_\_\_\_

I am receiving educational funds from the Armed Forces or another Federal Source.  Yes  No

***Certification***

**IMPORTANT: Your signature is required below. Without your signature, your application is not complete.**

I authorize the Office of Student Services to release my name, address, telephone number, and place of employment for reporting purposes to the Department of Health and Human Services, Washington, DC for the Professional Nurse Traineeship for three years following graduation.

\_\_\_\_\_  
SIGNATURE OF APPLICANT (IN INK)

\_\_\_\_\_  
DATE OF APPLICATION

The University of South Carolina complies with Title IX and other civil rights law and offers equal opportunity in it employment, admissions and educational activities.

*Revised 6/11*