



2009-2010 FSDS Nursing Scholarship Application

The FSDS Nursing Scholarship is for students in the Nursing program that are from a disadvantaged background. In order to qualify based on the Economic Qualification (Part I), students must submit a 2008 income tax return for their parents, **even if the student is independent**. Some students may to qualify based on the Environmental Qualification (Part II).

Part I. Economic Qualification: The following income figures determine what constitutes eligibility for the economic qualification. **Please return this application and a copy of the 2008 parent income tax return.** This award is for the new academic year (Fall 2009/ Spring 2010). **Return this application and a copy of your parent 2008 income tax by 08/15/09.**

Eligible Income Levels: Your parent must fit into one of these categories based on their 2008 tax return for you to apply for this scholarship

| Size of Parent Family (per the 2008 tax return) | Income Level (from 2008 tax return) |
|--|--|
| 1 | \$20,420 |
| 2 | \$27,380 |
| 3 | \$34,340 |
| 4 | \$41,300 |
| 5 | \$48,260 |
| 6 | \$55,220 |
| 7 | \$62,180 |
| 8 | \$69,140 |

Part II. Environmental Qualification: (a 2009-10 FAFSA application must be on file at UIW)

- I graduated from (or last attended) a high school with low SAT scores.
- I graduated from (or last attended) a high school from which a low percentage of seniors received a high school diploma OR a low percentage of graduates continued on to college following graduation.
- I graduated from (or last attended) a high school with a low per capita funding.
- I graduated from (or last attended) a high school at which many of the enrolled students are eligible for free or reduced price lunches.

Name of high school/Date of HS graduation: _____

City/County _____ State _____

- I come from a family that receives (received) public assistance (AFDC, food stamps, Medicaid, public housing, etc).
- I am from a family that lives in an area designated under section 332 of the Act as a health professional shortage area. _____ (State,County/City).

Student Name

UIW ID Number

- I authorize the OFA to replace loan assistance with scholarship funds, if needed.

Student Signature

Date