

PREVIOUS PATIENT CARE/CLINICAL EXPERIENCE

Location	Duties	Dates

AREA OF INTEREST/ANTICIPATED AREA OF PRACTICE

Oncology ___ Maternal/Child ___ ICU ___ Research ___ Med/Surg ___ Community Health ___ Psych ___
 Peds ___ Critical Care ___ OR ___ ER ___ Other ___ Specify _____

FINANCIAL INFORMATION

Please answer the following questions:

Have you previously received or will you receive:

- Federal Traineeship Funds ___ Yes ___ No Amount \$ _____
- Nursing Scholarships ___ Yes ___ No Amount \$ _____
- Research Assistant/Teacher Assistant ___ Yes ___ No Amount \$ _____
- Tuition Reimbursement? ___ Yes ___ No Amount \$ _____
- Employer Scholarship ___ Yes ___ No Amount \$ _____

Name scholarships (Employer, Donor Organization)

I am interested in a graduate assistantship appointment (**requires full time study**) and prefer assistantship responsibilities in:

___ Teaching ___ Research ___ other (specify): _____

I certify that the information provided in this application is complete and accurate. As a contingency of receipt of scholarship monies, I authorize the University of Miami to provide my bio-sketch as a student and necessary information to the donors and all appropriate University departments.

Signature of Applicant

Date

Please return the completed form by **June 30th, 2005** if you wish to be considered for aide for the Fall 2005 semester. Applications will be accepted by mail or fax at:

**University of Miami School of Nursing and Health Studies
Office of Student Services
P.O. Box 248153
Coral Gables, FL 33124-3850**

Fax: 305-284-4827

RELEASE OF INFORMATION

Your scholarship has been made possible by the generosity of donors who believe in the value of a University of Miami education. Many choose to provide scholarship support in order to give back to the University what was given to them by previous generations. As a scholarship recipient you have joined a special UM tradition, one that enables students to achieve their educational goals.

A substantial portion of the University's financial awards are the result of individual donors who are interested in learning of the significant difference their support provides to UM students. Many donors increase their scholarship commitment to the University once they recognize just how important their gifts are.

The University would appreciate your consent, as the recipient of a named scholarship, to provide basic directory information such as your name, hometown, major and academic year to the donor(s) of your scholarship report.

I hereby grant the University of Miami permission to share my basic biographic and educational information with the donor(s) of the named scholarship(s) I have received.

I also agree that prior to receiving any named scholarship I will prepare a letter of thanks to be sent to the donor. This letter will be presented to the Office of Student Services in the School of Nursing and Health Studies prior to the deposit of said scholarship in my student account.

Print Name

Signature

Date