

**GRADUATE FUNDING APPLICATION**

Name: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Z Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to be considered for: assistantship \_\_\_\_ stipend \_\_\_\_ both \_\_\_\_

1. Will you be attending FAU full-time for the upcoming academic year, 9 credits fall/spring and 6 credits for summer? Yes \_\_\_\_ No \_\_\_\_
2. Do you have a Master of Science in Nursing? Yes \_\_\_\_ No \_\_\_\_
3. Stipend recipients are required to work with the College as a Teaching or Research assistant. How many hours per week are you available to work for the College of Nursing? \_\_\_\_\_\_\_
4. What days/hours are you available to work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. What Nursing practice experience do you have that would support a teaching position? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Please list your previous teaching experience. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Please list your previous research experience. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Are you committed to teaching in the state of Florida for at least three years post-graduation? (This is a requirement for some of the stipends). Yes \_\_\_\_ No \_\_\_\_
2. Please list any relevant background information, and additional attributes that you would like the award committee know about you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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