

Health Resources and Services Administration

Advanced Nursing Education Workforce (ANEW) Program Award

The FMU Family Nurse Practitioner Program has received notice of award for support for students through the ANEW program. Graduate students admitted to the FMU Family Nurse Practitioner or the Psychiatric Mental Health Nurse Practitioner program are invited to apply.

- This scholarship grant is designed to support healthcare in rural and/or medically underserved settings. Students receiving this scholarship commit to serving their clinical hours and post-graduation employment in a rural and/or medically underserved setting. Examples of rural and/or underserved healthcare settings can be found by following the links located at the bottom of this page.
- Scholarships are subject to Federal funding and are not guaranteed.
- **This grant cycle will end June 30th, 2024. The next cycle will start in Fall 2024.**

APPLICATION DEADLINE July 31, 2023

A completed application includes:

- FNP/PMHNP Scholarship Application
- HRSA Demographics Form
- Copy of your birth certificate, passport, or permanent residency card
- Go to <https://nslds.ed.gov/npas/index.htm>
Select the 'aid' tab
 - Print the screen. This should document all of the loans and Pell grant money you have received for your education.
 - Attach printed screen to your application
- You must also have an updated FAFSA on file for the Financial Assistance Department to access.

HRSA definition of Medically Underserved Areas:

<https://bhw.hrsa.gov/shortage-designation/muap>

HRSA definition of Rural Areas:

<https://www.hrsa.gov/ruralhealth/aboutus/definition.html>

FNP/PMH ANEW SCHOLARSHIP APPLICATION

Name: _____ Date: _____

FMU email Address: _____

Are you an FMU BSN graduate? _____ Yes _____ No

How many FNP/PMH academic credit hours have you completed? _____

When is your expected graduation date? _____

What is your current cumulative GPA? _____

(If you are not a current NP student, please provide your overall BSN GPA)

Are you enrolled in the FMU NP program on a full-time basis (6 credit hours per term)? Yes: _____ No: _____

Are you willing and committed to seek your clinical practice hours in a rural and/or underserved area? _____ Yes _____ No

Are you willing and committed to seek employment after graduation in a rural and/or underserved area? _____ Yes _____ No

How many years of nursing experience do you currently have? _____

How many hours per week are you currently working? _____

Are you considered a full-time or part-time employee? Full-time Part-time

SIGN THIS FORM:

By providing my signature below, I am giving permission for the Office of Financial Assistance to provide FAFSA-related information to the committee, certifying that the information provided on this form is true and complete to the best of my knowledge, and certifying that any supporting documents accompanying this form are complete and correct.

Signature

Date

Please email, mail or hand-deliver the completed application to:

Dr. Deborah Hopla, DNP, APRN-BC, FAANP, FAAN

Carter Center School of Health Sciences

Suite 359 D

Francis Marion University

Dhopla@fmarion.edu

P.O. Box 100547

Florence, SC 29502-0547

843.661-1693



This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant # 1 T94HP49343-01-11, Advanced Nursing Education Workforce, \$565,751.96 0% financed with non-governmental sources. The information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

HRSA Demographics Form (continued)

Name

FMU Student ID

Are you a first generation college student? Yes No

Did you receive a Pell Grant as an undergraduate? Yes No

Are you, or have you been, receiving student loans to pay for graduate school? Yes No

Are you delinquent on any Federal debt? Yes No

If you serve or have served in the United States Military, what is your current military status?

Active Duty Military Reservist Veteran – Retired Veteran – Prior Service N/A

Are you receiving any VA benefits for tuition? Yes No

If yes, please indicate which type of VA benefits you receive:

Post 9/11 GI bill Yellow Ribbon Program Montgomery GI bill Reserve Education Assistance Program Survivors' & Dependents' Education Assistance

Permanent Address: Awardees are required to provide mailing and e-mail addresses by which the appointed individual can be reached after completion of support from the program.

Permanent Mailing Address: _____

Permanent E-mail Address: _____