

## 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 30, 2025. The next cycle will start in Fall 2025.**

### **APPLICATION DEADLINE July 31, 2024**

A completed application includes:

- FNP/PMHNP Scholarship Application
- HRSA Demographics Form
- Copy of your birth certificate, passport, or permanent residency card
- Documentation of received loans and Pell grant money from <https://www.studentaid.gov>
- 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:**

Rita Brantley  
Carter Center School of Health Sciences  
Suite 359 D  
Francis Marion University  
Rita.Brantley@fmarion.edu  
P.O. Box 100547  
Florence, SC 29502-0547  
843.661-1693

FRANCIS MARION UNIVERSITY  NURSING PROGRAM

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: \_\_\_\_\_