



## Application for FANS Grant

By completing and submitting the application below, the applicant is indicating interest in participating in the GSW SON **Financial Assistance for Nursing Students** Grant.

NAME: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ GSW ID Number \_\_\_\_\_

Current  
Mailing Address: \_\_\_\_\_

Alternate  
Mailing Address: \_\_\_\_\_

Phone Number(s): Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Email:      GSW radar email: \_\_\_\_\_

Alternate email: \_\_\_\_\_

County where you completed high school: \_\_\_\_\_

### Nursing Program Track *(check one)*:

Generic BSN       Accelerated BSN       RN/BSN

### Class Standing *(check one)*:

- Junior Nursing Student *(first year accepted nursing student)*
- Senior Nursing Student *(second year accepted nursing student)*
- Sophomore Pre-nursing Student
- Freshman Pre-nursing Student

