

UNIVERSITY OF ALABAMA SCHOOL OF NURSING  
UNIVERSITY OF ALABAMA AT BIRMINGHAM  
2012 - Academic Year

ENROLLMENT OF A GRADUATE STUDENT RECEIVING A PROFESSIONAL NURSE TRAINEESHIP

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Federal guidelines governing the receipt of funds stipulate that:

- 1) A trainee may be enrolled as either Full-Time or Part-Time in a course of study to be eligible for this award.
- 2) You must not be in default with any Federal agency.
- 3) Trainees are expected to maintain a 3.0 grade point average during the program of studies in the nursing major.
- 4) You must be a U.S. Citizen.
- 5) Major in nursing – MSN or DNP.

Additional guidelines may be promulgated to us by the funding agency when future awards are made.

**Only students completing the attached application as directed below and on the attached form will be eligible. Complete the application now if you are interested in funding for this Academic year. All items on the application must be complete; otherwise the application will be rejected and will not be processed further.**

The established procedure of the School of Nursing for governing the receipt of funds stipulates that:

\*All graduate students awarded the NIH Traineeship Funds for reimbursement of tuition and fees are required to verify enrollment status in courses by submitting to the Office of Academic Affairs (NB 202D), a copy of their registration form NO LATER THAN FIVE (5) DAYS after the first day of classes each term according to the UAB schedule. A copy of your “Account Summary by Term” page found in Student Blazer pages must also be sent to Academic Affairs office, UAB School of Nursing - NB 202D, Birmingham, AL 35233 as soon as this info appears in your Blazer Student Account info. This is usually about 5 - 7 after class registrations are completed.

\*If enrollment is not verified by that date, the Traineeship will be relinquished for that particular term and reassigned to the next student on the waiting list.

*\*Also, if after the start of classes, the official computer printout reveals that a Traineeship student has dropped courses resulting in enrollment of less than the required course load, the Traineeship will be canceled.*

**\*In the event that a student is in school more than one year, it is the student's responsibility to reapply for continuation of funding. The Traineeship stipend will be awarded each term upon renewal of applications and if funds are available for the Fall, Spring and Summer semesters.**

ADDITIONAL INFORMATION

1. Traineeship pays on-campus students' tuition and fees internally - STUDENTS DO NOT RECEIVE CHECKS. The Cashiers Office bills the School of Nursing during each term and funds are transferred internally to pay your bill.
2. All students on a Traineeship will receive a bill during each semester
3. Only the following items are covered by the NIH Traineeship:
  - a) Tuition (based on funds available)
  - b) University fees
  - c) Liability Insurance
  - d) Student Health Fee

\*These fees are effective at the beginning of the term but are subject to change by the Board of Trustees at the beginning of any term.

You are responsible for paying anything not paid by the Traineeship, e.g. parking, hospitalization, insurance; add/drop fees, diploma fees.

If your bill is less than the amount allotted to you on your budget sheet, you DO NOT receive the difference.

You may return this completed application by FAX to: 205-996-5709 or email to: chafinl@uab.edu.

Or Mail to: UAB School of Nursing, Attn: Academic Affairs Office, 1701 Univ. Blvd., NB 202D, Birmingham, AL 35294-1210.



University of Alabama School of Nursing  
University of Alabama at Birmingham

www.uab.edu/son Phone: 205-934-3485

Mail to:  
Academic Affairs Office, UAB School of Nursing  
1701 Univ. Blvd., NB 202D, Birmingham, AL 35294-1210  
Or Print & Fax to: 205-996-5709

**Application for Federal Professional Nurse Traineeship (NIH)**

TERM: \_\_\_\_\_ ACADEMIC YEAR: \_\_\_\_\_ Employer Name: \_\_\_\_\_ Your e-mail: \_\_\_\_\_

Name: \_\_\_\_\_ BOO#: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Current Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Major: \_\_\_\_\_ Option: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\*Address on Admission: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Program: \_\_\_\_\_ Enrollment: \_\_\_\_\_ State of Residence: \_\_\_\_\_

YOU MUST COMPLETE & SUBMIT A NEW APPLICATION FOR EACH ACADEMIC SEMESTER TERM  
\* FALL, SPRING, & SUMMER \*\*

*\*In the event that a student is in school more than one year, it is the student's responsibility to reapply for continuation of funding. The traineeship will be awarded each academic term upon renewal of applications and if funds are available.*

Have you held a previous traineeship: \_\_\_\_\_ Months: \_\_\_\_\_

Name of School: \_\_\_\_\_ Level of Study: \_\_\_\_\_

Have you applied for other financial assistance: \_\_\_\_\_ Type of financial assistance: \_\_\_\_\_

Sponsoring Institute: \_\_\_\_\_ Are you receiving continuation of salary benefits? \_\_\_\_\_

**Explain briefly need for financial assistance:**

*The information provided above is accurate. I understand that should I receive other sources of educational support or employment, it is my responsibility to notify my advisor and the Office of Academic Affairs. I am aware that this may change my traineeship **priority**.*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

\*\*YOU MUST COMPLETE A NEW APPLICATION FOR EACH ACADEMIC SEMESTER TERM \*\*

**For Official Use Only**

Admission Date: \_\_\_\_\_ Admission Category: \_\_\_\_\_

Admission GPA: \_\_\_\_\_ MAT/GRE Score: \_\_\_\_\_