

PhD Program Application for Funding

WARNING: Any person who knowingly makes a false statement or misrepresentation in a funding transaction, bribes or attempts to bribe an official, fraudulently obtains funding or commits any other illegal action in connection with a funding loan is subject to a fine or imprisonment under Federal statute. **Please print legibly, if we are unable to read the application, it could result in denial of funding.** **Please do not leave any questions blank.**

(PLEASE PRINT) Your Personal Email: _____ Your UAB Blazerid: _____

SECTION I

1a. APPLICANT NAME (Last) _____ (First) _____ (M.I.) _____	2. SOCIAL SECURITY NUMBER (SSN) ***LAST 4 digits only _____
1b. STUDENT # BO _____	3. DATE OF BIRTH (Month/Day/Year) _____
4. ADDRESS (Number, Street, Apartment Number, City, State, Zip Code) County of Residence: _____	5a. DAYTIME PHONE (Area Code/Number) () _____ 5b. EVENING PHONE (Area Code/Number) () _____
6a. FAFSA Complete? Yes _____ No _____ If no, please complete the FAFSA prior to making this application. Use school code: 001052	5c. CELL PHONE (Area code/Number) () _____
6b. Are you eligible to receive tuition reimbursement with your employer? Yes _____ No _____ If yes, how much do you receive? _____ 6c. Do you receive any other assistance with your education? _____ If yes, source and amount by semester: _____	7. Do you intend to attend the program full-time (9 semester hours per term)? _____
8. Education level completed: Bachelors _____ Master's _____ Doctoral _____ EXPECTED GRADUATION DATE: _____	9. Do you plan to work? _____ If so, how much? _____
10. Employer information: NAME: _____ ADDRESS: _____ Phone #: _____ Full time: _____ Part time: _____ County of Employer: _____	

SECTION II

11. ACKNOWLEDGEMENT

I, the above named applicant, have been informed that I must agree to the service obligation associated with the funding requirements in order to be eligible to receive funding under this program. This includes completing annual requests for information up to one year following graduation. I also agree with this signature and acceptance of award funding, that I am not or have ever been in default on any federal loan program. THE ABOVE INFORMATION IS CORRECT AND COMPLETE AND I HEREBY AUTHORIZE VERIFICATION AS REQUIRED BY THE SCHOOL.

Printed Name _____ **Signature** _____

Date _____

Print & Fax to: 205-996-5709
 Email to: chafin@uab.edu
 Phone: 205-934-3485

OR Mail to:
 Laura Chafin, UAB School of Nursing
 NB 202D, 1720 2nd Avenue South

