

School of Nursing

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Montgomery, AL
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One University Place
Phenix City, AL 36869
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MEMORANDUM

TO: MSN Applicants

FROM: Federal Nurse Traineeship

Since the beginning of the graduate program, Troy University School of Nursing has received funds from the Division of Nursing of the United States Public Health Services for Federal Nurse Traineeships. The purpose of the Federal Nurse Traineeships is to provide financial assistance to students pursuing the MSN degree. Federal guidelines stipulate the traineeship recipient must be a citizen of the United State or have been lawfully admitted to the United States for permanent residence and maintain full-time enrollment in an MSN Program (defined as 9 semester hours) for a minimum of two consecutive semesters. An appointment under a PHS Training Grant may not be held concurrently with any other federal educational award which provides a stipend or otherwise duplicates provisions, except Veteran's Administration Benefits (GI Bill); loans from the federal funds are not considered federal awards.

There is no obligation to pay back these funds or to perform any services for Troy University. However, the School of Nursing must maintain records on recipients for three years after graduation. These records are necessary to comply with federal requirements for post-award management and evaluation. Therefore, recipients are required to supply the school with a permanent mailing address and notify the MSN office of any address changes.

The Federal Nurse Traineeship awards are reviewed and funded annually. Therefore, the availability of Federal Nurse Traineeships is not assured until the School of Nursing receives notification of the award from the Division of Nursing.

If you wish to apply for these funds, please complete the attached application form and return it to the MSN Office.

Sincerely,

Geraldine Allen

Geraldine Allen, DSN, FNP, RN
MSN Program Director

GA:slm



**TROY UNIVERSITY
SCHOOL OF NURSING
MSN Program
FULL-TIME**

APPLICATION FOR FEDERAL PROFESSIONAL NURSE TRAINEESHIP

NOTE: Before your application can be processed, you must be admitted to the MSN Program

Name: _____ **Social Security Number:** _____

Mailing Address: _____
Street City State Zip

Email Address: _____

Phone: _____
Home Work Cell

Marital Status: _____ **Legal Dependents:** _____ **Relationship:** _____

Legal Residence: _____

Total Number of Years Work Experience since Licensure to Practice Nursing:

Years _____ Months _____ Dates: From _____ to _____

Have you held a previous traineeship? Yes _____ No _____

Name of School: _____ Level of Study: _____

Type of Traineeship: _____

Have you applied for other financial assistance? Yes _____ No _____

Type of Financial Assistance: _____

Sponsoring Institution: _____

Need for Financial Assistance: _____

Nursing Major: Clinical Specialist Nursing Informatics FNP

Semester Planning to Enroll: _____

Where do you plan to work after graduation? _____

Date: _____ **Signature:** _____

FOR OFFICE USE ONLY

Application Received:	Admission Category:
Admission Date:	Nursing Major:
MAT Score: _____ GPA: _____	Remarks:
Semesters to Graduation:	