ADVANCED EDUCATION NURSING TRAINEESHIP (AENT)
PROGRAM APPLICATION
(Federal funded through the Department of Health and Human Services)

This form must be completed in its entirety to be considered. Please return this completed form with attached <u>Plan of Study and CV</u> to the Office of Student Financial Aid.

1. NAME _____ ID: _____
First MI Last Student ID

2. Will you receive tuition reimbursement for courses taken at Rush University? ☐ No ☐ Yes
If yes, give the amount $_____ of reimbursement for the year **OR** the % of tuition covered _____%.

3. Select your program

	MSN/Post MSN/DNP (CNS, Public Health)		MSN/Post MSN/DNP (NP)
	Adult-Gerontology		Adult-Gerontology
	Pediatric		Pediatric
	Advanced Public Health		Family
	Other:		Psychiatric Mental Health
			Other:

4. Briefly describe your career goals. Attach a separate sheet if you need more space.

_____
_____
_____
_____

5. Are you the first generation of your family to attend college? ☐ yes ☐no
6. Have you been a member of the United States Armed Forces? ☐ yes ☐ no
   ☐ active
   ☐ veteran
7. Through the age of 21, in which of these areas did you live? Select all that apply.
   ☐ urban community (areas of high population density and urban land use resulting in a representation of the "urban footprint")
   ☐ rural community (counties not part of a Metropolitan Statistical Area)
   ☐ suburban community (a separate residential community within a commuting distance from a city; this definition excludes areas defined as urban or frontier, rural, or frontier)
   ☐ frontier community (an area where remote clinic sites are located and where weather and distance can prevent patients who experience severe injury or illness from obtaining immediate transport to an acute care hospital)

Contingent upon my receipt of the Advanced Education Nursing Traineeship (AENT) funds that may be available, I will make every effort to seek an advanced practice appointment (select all that apply):

☐ in a medically underserved community
☐ at a site that provides care to a medically underserved population
☐ in primary care

AND (over)

Contingent upon my receipt of the Advanced Education Nursing Traineeship (AENT) funds, I agree to respond to Rush College of Nursing follow-up surveys requesting employment and professional information. Tracking of these types of data is a requirement of the Department of Health and Human Services that grants these funds.

Your signature : _____
Date: _____

(Please note that signing this form does not guarantee AENT funding for the year. The amount of the award is contingent upon the amount of funding support and the numbers of eligible applicants.)

ATTACH YOUR PROGRAM OF STUDY AND RESUME OR VITAE. Program of study must be reviewed by the academic advisor. Academic advisor must sign below for this application to be considered.

Advisor Signature: _____

Advisor's Name (Print): _____

Date: _____

FOR OFFICE USE ONLY: FA Office: Max amount/comments: _____

College of Nursing: Approval/Denied Comments:
_____
_____

Office of Student Financial Aid - 600 S. Paulina Str, AR 440 - Chicago, Il 60612-3869
Phone: 312-042-6256 – Fax 312-942-2732 Email: financial_aid@rush.edu
Web: http://www.rushu.rush.edu/finaid - Hours: 8 a – 4:30 p M-F