

FOR OFFICE USE ONLY		PREVIOUS AENT AWARDS			
FALL		SPRING		SUMMER	
Approved _____	Denied _____	Approved _____	Denied _____	Approved _____	Denied _____
Date _____	Reviewed by _____	Date _____	Reviewed by _____	Date _____	Reviewed by _____

### Application for the Advanced Education Nursing Traineeship

Name \_\_\_\_\_ EID \_\_\_\_\_  
LAST FIRST MIDDLE/MAIDEN

Local Address \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Permanent Address \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
STREET CITY STATE ZIP CODE

**Citizenship Status:** (Check one that applies)  
 \_\_\_\_\_ US CITIZEN \_\_\_\_\_ NONCITIZEN NATIONAL OF US  
 \_\_\_\_\_ FOREIGN NATIONAL WITH PERMANENT RESIDENCY STATUS

*Only the citizenship statuses listed above qualify to receive the AENT award.*

Texas Resident: \_\_\_\_ Yes \_\_\_\_ No Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_ M \_\_\_\_ F  
MO/DAY/YEAR

Program and Concentration: (circle one each):					
<b>PhD</b>	<b>MSN</b>	<b>AEMSN</b>	<b>Post-MSN</b>		
Adult Health	Public Health	Nursing Systems	Parent-Child	Pediatric NP	Family NP

If you are enrolled, give number of graduate hours completed toward degree: \_\_\_\_\_  
 Expected date of graduation: \_\_\_\_\_  
 Will you be enrolled full-time or part-time (less than 9 hours) during the award period?  
 \_\_\_\_\_ part-time\* \_\_\_\_\_ full-time

**\*Please note: Part-time applicants must graduate in the upcoming academic year to be eligible for AENT.**

Have you had a AENT award before? \_\_\_\_ YES \_\_\_\_ NO  
 If yes: At what University? \_\_\_\_\_ For how many months? \_\_\_\_\_

**Desired Award Period:** \_\_\_\_\_ **RN License (Number and State):** \_\_\_\_\_  
 \_\_\_\_ Fall and Spring (This information must be provided to qualify for stipend.)  
 \_\_\_\_ Fall, Spring, and Summer (next year)

- I have received information outlining the Advanced Education Nursing Traineeship Grant Program.
- If I am awarded a Advanced Education Nursing Traineeship, I agree to meet the guidelines and conditions outlined in the information describing the Advanced Education Nursing Traineeship Grant Program.
- I certify that the information provided on this application is true and complete to the best of my knowledge
- I understand that I will be required to provide employment information upon graduation or completion of program.

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