



To apply to participate in the DREAMWork Nursing Diversity Program, please complete the following form and return it to Stephanie Evans (Metro Room 200).  
 Our direct services include mentoring, SON advisors, stipends, and tutoring.

**PROGRAM APPLICATION**

**CHECK ALL THAT APPLY:**

*Member of any of the following ethnic minority:* \_\_\_ American Indian or Alaska Native, \_\_\_ Asian, \_\_\_ Black or African American, \_\_\_ Hispanic or Latino, \_\_\_ Native Hawaiian or Pacific Islander.  
 \_\_\_ *Economically Disadvantaged* (Students with a family or individual with an annual income below a level based on low-income thresholds established by the US Census Bureau).  
 \_\_\_ *Educationally Disadvantaged* (This includes first generation college students or students for whom the K-12 environment has inhibited obtaining the needed knowledge, skills and abilities or graduated from a rural or inner city high school).

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number \_\_\_\_\_ Cellular \_\_\_\_\_

E-Mail \_\_\_\_\_

UTC ID \_\_\_\_\_

**If I am selected to participate in the DREAMWork Program, I commit to remaining with the project through to completion of my program of study. I agree to participate in the academic year and summer programs.**

**Note: A RAP sheet and a letter of recommendation will need to be submitted with the application. You will also need to have a FAFSA on file.**

**Please sign below to give permission to validate the above information.**

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

**For questions, contact Stephanie Evans at (423) 425-5623.**

