



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.

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

Signature _____ Date: _____

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

