



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 \_\_\_\_\_

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

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

High School attended and graduated \_\_\_\_\_

High School GPA \_\_\_\_\_ ACT \_\_\_\_\_

**UTC Admission Status (Check Appropriate Statement)**

\_\_\_ I have been accepted to UTC.

\_\_\_ I have been conditionally accepted to UTC.

\_\_\_ My application to UTC is pending:

\_\_\_\_\_ (List missing documents).

\_\_\_ I have not yet applied to UTC, but I plan to.

\_\_\_ I am undecided about attending UTC.





**ADDITIONAL COMMENTS**

Use this space to provide any information about yourself that will help us to know you better.

---



---



---



---



---



---



---



---

The information I have provided is true and accurate. I understand it will only be used for the purpose of determining my eligibility for the DREAMWork Nursing Diversity Program. My signature further gives permission for my counselor to release my high school transcript to DREAMWork Nursing Diversity staff.

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

**Parent Statement of Interest**

I have discussed DREAMWork Nursing Diversity Program with my son/daughter and support his/her application for enrollment..

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

Mail completed application to:

University of Tennessee at Chattanooga  
 School of Nursing  
 Attn: Stephanie Evans  
 Dept. 1051  
 615 McCallie Avenue  
 Chattanooga, TN 37403-2598

For questions, contact Stephanie Evans at (423) 425-5623  
Check out our website: [www.utc.edu/Academic/Nursing/DREAMWork](http://www.utc.edu/Academic/Nursing/DREAMWork)

