



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 _____

Choose Race/Ethnicity: ___Caucasian, ___American Indian or Alaska Native, ___Asian, ___Black or African American, ___Hispanic or Latino, ___Native Hawaiian or Pacific Islander.

UTC Admission Status (Check Appropriate Statement)

- ___ I have been accepted to UTC.
- ___ I have been accepted to _____.
- ___ 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: Project Manager
Dept. 1051
615 McCallie Avenue
Chattanooga, TN 37403-2598

For questions, contact the Project Manager at (423) 425-5623
Check out our website: www.utc.edu/dream