



Nursing Workforce Diversity Scholarships/Stipends

Student

Legal Name _____ MUID: _____

I, _____,
(Student name)

Hereby attest that I will continue my studies in the *Nursing program*, I will remain a full-time student during the enrollment period of my Health Resources and Services Administration (HRSA) Nursing Workforce Diversity (NWD) award and will complete my degree in this program.

Dependent on individual aid packages and tax status, the Nursing Workforce Diversity award may be taxable income to the recipient. Award recipients are strongly encouraged to contact their personal tax advisors regarding tax treatment,

Additionally, I understand that I must be also be an active member of Project BEYOND-2, offered through Marquette University College of Nursing to be eligible for this scholarship. Your responsibilities as an active member are:

- Enrollment and active participation in Project BEYOND-2
- Attendance at 70% of the Project BEYOND-2 program activities
- Involvement in project's professional nurse mentor program &/or peer mentoring circles
- Attend periodic meetings with Mentor/Advisor Specialist or Project Coordinator

I understand it is my obligation to return the NWD funds in full to the school if I do not meet the agreed upon requirements, I do not remain full-time, and/or leave or are dismissed from the program during the period of this award.

Signature: _____ Date: _____

The intent of the Nursing Workforce Diversity is to provide funding to full-time students in the Marquette University College of Nursing who are from a disadvantaged and underrepresented backgrounds as defined in Section 722 of the Public Health Service Act. Due to an increase in funding and individual student awards, the school is now obligated to ensure student recipients are aware of the conditions of this award.