

New Careers in Nursing (NCIN)

Eligibility Criteria *

* Indicates required

Eligibility Criteria

To be eligible, applicant organizations must:

- offer an entry-level accelerated baccalaureate nursing program or master's nursing program for non-nursing college graduates;
- and be accredited by a nursing accrediting agency recognized by the U.S. Department of Education.

Preference may be given to applicants that are either public entities or nonprofit organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code.

1. Do you fit the eligibility criteria described above? *

- Yes
 No

Schools of nursing must provide proof of being accredited by:

- a national nurse education accrediting agency or
- State approval agency recognized by the Secretary of the U.S. Department of Education.

Failure to provide proof of accreditation with this application will render the application non-responsive, and the application will not be sent forward for review or be considered for funding under this announcement.

This document will be uploaded with the Additional Documents.

2. Have you read the above information concerning proof of accreditation? *

- Yes
 No

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New Careers in Nursing (NCIN)

Organization Information *

* Indicates required

Provide the following information about the applicant organization. **Include the formal legal name of the organization that, if awarded, will receive grant funds.**

Note: If the Applicant Organization is a college or university, include the appropriate School, Department or Unit.

Organization *

Department

Unit

Address *

Address (line 2)

City *

Country

State / Territory *

Zip Code + 4-digit extension *

Phone Number * Phone Extn

Fax Number

Website

1. Org Tax ID - (EIN)

2. Is the applicant organization tax-exempt under section 501(c)(3) of the Internal Revenue Code, or a state university, or a governmental entity? *

Yes No

3. Is the applicant organization a private foundation, or a Type III supporting organization? *

Yes No

NOTE: Preference is given to tax-exempt organizations that are not private foundations or Type III supporting organizations. The Foundation may require additional documentation.

New Careers in Nursing (NCIN)

Key Contacts *

* Indicates required

Complete the contact information requested below. Required contacts are indicated by an asterisk following the contact name.

- To save a partially completed page, scroll to the bottom of this page and select "Save, continue editing" or "Save, return home".
- Use the "Copy feature" to copy completed organizational and address information to a new contact. Choose a role from the drop-down menu and then select the "Copy" button.

Principal Investigator - Nursing Program Liaison *

This is the person at the applicant organization with the responsibility for overseeing the project. This person will be the primary recipient of all key Foundation correspondence: award notice, post-award financial and monitoring and grant closure.

Email *	<input type="text"/>		
Confirm Email *	<input type="text"/>		
Prefix	<input type="text"/>		
First Name *	<input type="text"/>		
Middle Name	<input type="text"/>		
Last Name *	<input type="text"/>		
Suffix	<input type="text"/>		
Degree *	<input type="text"/>		
Organization *	<input type="text"/>		
Position *	<input type="text"/>		
Department	<input type="text"/>		
Business Unit	<input type="text"/>		
Address *	<input type="text"/>		
Address (line 2)	<input type="text"/>		
City *	<input type="text"/>		
Country	<input type="text"/>		
State / Territory *	<input type="text"/>		
Zip / Postal Code *	<input type="text"/>		
Office Phone Number *	<input type="text"/>	Phone Ext.	<input type="text"/>
Cell Number	<input type="text"/>		
Fax Number	<input type="text"/>		

Website URL

Highest Ranking Executive *

This is the person who receives the Letter of Agreement for a project. This person is generally the highest ranking individual of the grant recipient organization (e.g., CEO, president, chancellor or similar officer).

Email *

Confirm Email *

Prefix

First Name *

Middle Name

Last Name *

Suffix

Degree *

Organization *

Position *

Department

Business Unit

Address *

Address (line 2)

City *

Country

State / Territory *

Zip / Postal Code *

Office Phone Number *

Phone Ext.

Cell Number

Fax Number

Website URL

Authorized Official *

This is the person whom the grant recipient organization has designated as being able to sign on behalf of the organization and its leadership.

Form fields for contact information:

- Email *
- Confirm Email *
- Prefix
- First Name *
- Middle Name
- Last Name *
- Suffix
- Degree *
- Organization *
- Position *
- Department
- Business Unit
- Address *
- Address (line 2)
- City *
- Country
- State / Territory *
- Zip / Postal Code *
- Office Phone Number * (with Phone Ext. field)
- Cell Number
- Fax Number
- Website URL

Institution Financial Officer *

This is the person who will receive all payments for this award.

Form fields for Institution Financial Officer:

- Email *
- Confirm Email *
- Prefix
- First Name *

Middle Name

Last Name *

Suffix

Degree *

Organization *

Position *

Department

Business Unit

Address *

Address (line 2)

City *

Country

State / Territory *

Zip / Postal Code *

Office Phone Number * Phone Ext.

Cell Number

Fax Number

Website URL

Primary Contact for Grant *

Email *

Confirm Email *

Prefix

First Name *

Middle Name

Last Name *

Suffix

Degree *

Organization *

Position *

Department

Business Unit

Address *

Address (line 2)

City *

Country

State / Territory *

Zip / Postal Code *

Office Phone Number *

Phone Ext.

Cell Number

Fax Number

Website URL

Nursing School Dean/Chair *

Email *

Confirm Email *

Prefix

First Name *

Middle Name

Last Name *

Suffix

Degree *

Organization *

Position *

Department

Business Unit

Address *

Address (line 2)

City *

Country

State / Territory *

Zip / Postal Code *

Office Phone Number * Phone Ext.

Cell Number

Fax Number

Website URL

Alternate Staff
(optional)

Email *

Confirm Email *

Prefix

First Name *

Middle Name

Last Name *

Suffix

Degree *

Organization *

Position *

Department

Business Unit

Address *

Address (line 2)

City *

Country

State / Territory*

Zip / Postal Code*

Office Phone Number*

Phone Ext.

Cell Number

Fax Number

Website URL

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New Careers in Nursing (NCIN)

Project Information Questions *

* Indicates required

Nursing Program Information

1. What type(s) of accelerated program does your nursing program offer?

“Accelerated Nursing Degree Program” means a program of education in professional nursing offered by an accredited school of nursing in which an individual holding a bachelors degree in another discipline receives a BSN or MSN degree in an accelerated time frame as determined by the accredited school of nursing.

Please choose one response.

NOTE: Selecting Accelerated Baccalaureate will force the system to grey out all Accelerated Master’s related questions. Selecting “Accelerated Master’s” will force the system to grey out all “Accelerated Baccalaureate” questions. When questions are grey you will not be able to answer them. If you have both program types you should select “Both Accelerated Programs”, this is the only selection that will allow you to answer both ABSN and AMSN questions.

Please choose one of the following responses:

- Accelerated Baccalaureate (ABSN)
- Accelerated Master's (AMSN)
- Both Accelerated Programs (ABSN & AMSN)

2. How many years has your accelerated baccalaureate program been in continuous operation? *

Please choose one response. The maximum number of years is 30, if your program has been in operation for more than 30 years we ask that you select 30.

NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

Please choose one of the following responses:

- 1
- 2
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- 30

3. How many years has your accelerated master's program been in continuous operation? *

Please choose one response. The maximum number of years is 30, if your program has been in operation for more than 30 years we ask that you select 30.

NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

Please choose one of the following responses:

- 1
- 2
- 3
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4. If you have not admitted students to your program and/or graduated a class of accelerated degree students, what is the NCLEX-RN first-time pass rate for your entry-level baccalaureate program graduates? *

Please enter your response as a numeral without the percent sign (i.e., 95 rather than 95%).

5. Describe any actions that your school has taken to recruit students from "underrepresented groups in nursing". *

"Underrepresented Minorities" As defined by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), "underrepresented minorities" are racial and ethnic populations who are underrepresented in the registered nurse population relative to the percentage of that racial or ethnic group in the total population. This would include Black or African American, Hispanic or Latino, American Indian or Alaska Native, and any Asian or Pacific Islander group other than Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai. According to National Sample Survey of registered nurses, males also are underrepresented in the registered nurse population relative to their number in the total population.

6. Describe any actions that your school has taken to recruit students from "economically disadvantaged backgrounds". *

As defined by HRSA, an "economically disadvantaged" person comes from a "low income family," meaning a family with an annual income that does not exceed 200 percent of HHS's poverty guidelines; a family is a group of two or more individuals related by birth, marriage or adoption who live together, or an individual who is not living with any relatives.

7. Do you offer combined classes where accelerated students and regularly paced students take class together? *

Yes

No

8. Select from the following list, courses required for admission: *

- Anatomy and physiology
- Microbiology
- Organic Chemistry
- Biochemistry
- Developmental psychology/growth and development
- Statistics
- Nutrition
- Other: (Please list below)

9. What is the minimum grade point average (GPA) required for admission to your accelerated degree program?

Please choose one response.

Please choose one of the following responses:

2.0

2.5

2.75

3.0

3.25

3.5

Other

10. Is a standardized examination required for all admissions to your accelerated degree program ? *

NOTE: Your answer to this question will affect the next question.

Yes

No

11. Which standardized examination is required?

Please select all that apply.

NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

Graduate Record Examination

- Millers' Analogy
- TOEFL
- TEAS
- Other: (Please list below)

12. Describe any additional requirements regarding admission criteria to your accelerated program: *

Please select all that apply.

- Letter(s) of reference
- Minimum science GPA
- Work experience
- Writing sample
- Basic computer word processing skills
- CPR certification
- Other: (Please list below)

13. How many credits are required for graduation from your accelerated degree program? *

*Note: we are requesting the number of **credits**. Please indicate ABSN or AMSN and enter your response as a numeral (e.g., ABSN 40, AMSN 60).*

14. How many clinical hours are required for graduation from your program? *

*Note: we are requesting the number of **clinical hours**.*

Please enter your response as a numeral. Decimal points are allowed. (e.g., 20 or 15.5)

Please indicate ABSN or AMSN and enter your response as a numeral (e.g., ABSN 40, AMSN 60).

15. What support programs are offered to enhance NCLEX success? *

Please select all that apply.

- Review courses taught by faculty
- Readiness assessment exams
- Faculty assessments of student performance

Other: (Please list below)

16. What is the total cost for tuition and educational related expenses to complete your ABSN program? *

Please choose one response.

NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

Please choose one of the following responses:

- \$5,000 - \$9,999
- \$10,000 - \$19,999
- \$20,000 - \$29,999
- \$30,000 - \$39,999
- \$40,000 - \$49,999
- \$50,000 or more
- Do not offer ABSN

17. What is the total cost for tuition and educational related expenses to complete your AMSN program? *

Please choose one response.

NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

Please choose one of the following responses:

- \$5,000 - \$9,999
- \$10,000 - \$19,999
- \$20,000 - \$29,999
- \$30,000 - \$39,999
- \$40,000 - \$49,999
- \$50,000 or more
- Do not offer AMSN

18. What is the time to completion of your ABSN program in months, for the majority of students? *

Please choose one response, please round to the nearest whole number if necessary.

NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

Please choose one of the following responses:

- 12 months
- 15 months
- 18 months
- 24 months
- Other

19. What is the time to completion of your AMSN program in months, for the majority of students? *

Please choose one response, please round to the nearest whole number if necessary.

NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

Please choose one of the following responses:

- 12 months
- 15 months
- 18 months
- 24 months
- Other

About Funding Requests

20. Schools may apply for between five and thirty scholarships in the amount of \$10,000 each. How many scholarships are you looking to award in the Fall 2012-Summer 2013 school year? *

Please choose one response.

Please choose one of the following responses:

- 5
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21. What is the total amount of funding requested? *

Please select the number of scholarships multiplied by \$10,000.

Please choose one of the following responses:

- \$50,000
- \$60,000
- \$70,000
- \$80,000
- \$90,000
- \$100,000
- \$110,000
- \$120,000
- \$130,000
- \$140,000
- \$150,000
- \$160,000
- \$170,000
- \$180,000
- \$190,000
- \$200,000
- \$210,000
- \$220,000
- \$230,000
- \$240,000
- \$250,000
- \$260,000
- \$270,000
- \$280,000
- \$290,000
- \$300,000

22. How many scholarships will be distributed to students in ABSN programs? *

Please choose one response.

NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

Please choose one of the following responses:

- 1
- 2
- 3
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23. How many scholarships will be distributed to students in AMSN program? *

Please choose one response.

NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

Please choose one of the following responses:

- 1
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- 3
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24. If you are awarded funding, when do you intend to disburse NCIN scholarships to students during the following time periods? *

Please choose all that apply. You will be asked to specify scholarship amounts per period in the next three questions.

- Fall 2012
- Spring 2013
- Summer 2013

25. Indicate how many scholarships (\$10,000 per scholarship) you intend to disburse to students in the Fall 2012.

Please choose one of the following responses: 1-30.

Please choose one of the following responses:

- 1
- 2
- 3
- 4
- 5
- 6

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- 11
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26. Indicate how many scholarships (\$10,000 per scholarship) you intend to disburse to students in the Spring 2013.

Please choose one of the following responses: 1-30.

Please choose one of the following responses:

- 1
- 2
- 3
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27. Indicate how many scholarships (\$10,000 per scholarship) you intend to disburse to students in the Summer 2013.

Please choose one of the following responses: 1-30.

Please choose one of the following responses:

- 1
- 2
- 3
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About Past Grant Performance

28. Has your institution previously received New Careers in Nursing scholarship funds? *

If your institution has not previously received a grant, you will skip the remaining questions.

NOTE: Your answer to this question will affect the next question.

- Yes
- No

29. In which school years did your institution receive New Careers in Nursing scholarship funds? *

Please choose all that apply.

NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

- 2008-2009
- 2009-2010
- 2010-2011
- 2011-2012

30. In total, how many NCIN scholarships has your nursing school been granted? *

Please enter your response as a numeral (e.g., 20).

NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

31. In total, how many NCIN scholarships has your institution awarded to scholarship recipients as of January 11, 2012? *

Please enter your response as a numeral (e.g., 20).

NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

32. How many NCIN scholarships were awarded from the 2011-2012 grant?

NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

Please choose one of the following responses:

- 1
- 2
- 3
- 4
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- 17
- 18
- 19
- 20
- 21
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- 30

None- My institution was not awarded

33. If you have not awarded all your scholarships from your 2011-2012 grant, describe the actions you are taking to recruit and award scholarships to underrepresented students. *

NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

34. Describe what is changing in your organization because of RWJF scholarships. *

NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

35. What has been the impact of RWJF scholarships in your school? *

NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

36. Describe how you have used the NCIN Leadership Development Toolkit in your program implementation. *

NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

37. Describe how you have used the NCIN PIP Toolkit in your program implementation. *

NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

38. Describe how you have used the NCIN Mentoring Toolkit in your program implementation. *

NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

39. Describe your efforts to leverage prior NCIN grants: *

NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

40. Did you increase the number of faculty positions, full-time or part-time? *

NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

- Yes
- No

41. How many full-time or part-time Faculty? *

NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

Please choose one of the following responses:

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Other

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New Careers in Nursing (NCIN)

Executive Summary *

* Indicates required

Title *

Total Funding Requested \$ *

Start Date

Duration

months

Executive Summary *

Describe how your school of nursing intends to use scholarship funding provided through this program. In no more than one paragraph of 2,000 characters including spaces, this summary should address your institution's ability to:

- Recruit students from groups that are underrepresented in nursing or from disadvantaged backgrounds
- Select scholarship recipients
- Expand enrollment of students from groups underrepresented in nursing and/or disadvantaged backgrounds in your accelerated baccalaureate and/or master's program in nursing
- Provide mentorship and leadership development experiences for scholarship recipients
- Describe your organizational commitment to diversity in nursing. Include your plans for sustaining this commitment

Note: If you paste directly from Word or another program, the character count shown may not be accurate, as there is "hidden" code included in text when cut/pasted directly from these programs. For an accurate character count, type your summary directly into the area below instead of pasting from Word or another program. For additional information, refer to the Troubleshooting Tips (link on left), "Pasting into a text box" section.

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New Careers in Nursing (NCIN)

Proposal and Additional Documents *

* Indicates required

Complete the templates as per the instructions on the template documents. Except for the Program Statistics Template, those instructions are available in a separate template below. Please note that all templates can be accessed by clicking on the links in "Template" column.

The Statistics template, which is in .xls format, should be uploaded in .xls format.

For all other document uploads, please convert your document to PDF format prior to uploading.

For additional information regarding converting your document to PDF, refer to the Applicant Guide (link on the left), "Upload a Document" section. You may also refer to the "File Formats" section of the Troubleshooting Tips (link on the left).

When you have completed this page, select the "Save, section finished" button at the bottom of the page. Once all sections of your application are complete, you may "Submit" your proposal from the Home Page. All uploaded documents may be updated and replaced until you submit your application.

Description	Templates	Uploaded Documents
<p>Certificate of Accreditation *</p> <p><i>Schools of nursing must provide proof of being accredited by a national nurse education accrediting agency or State approval agency recognized by the Secretary of the U.S. Department of Education. Failure to provide proof of accreditation with this application will render the application non-responsive, and the application will not be sent forward for review or be considered for funding under this announcement.</i></p>		
<p>Proposal Narrative *</p> <p>Complete the proposal narrative as per the instructions on the template. A link to the template is available in the next column.</p> <p><i>It is recommended that you convert your proposal to PDF format prior to uploading, in order to preserve your original document formatting. This system does not accept upload of .docx and .xlsx documents.</i></p>	<p>Proposal Narrative</p>	
<p>Curricula Vitae/Resume *</p> <p>Complete the Curricula Vitae/Resume as per the instructions on the template. A link to the template is available in the next column.</p>	<p>Resume</p>	
<p>Program Statistics Instructions</p> <p>Detailed template instructions for the program statistics template are provided in the link in the next column. Read all instructions prior to completing the program statistics template.</p>	<p>Program Statistic Instructions</p>	
<p>Program Statistics Template *</p> <p>Prior to completing the program statistics template read all instructions provided in the program statistics instructions document located above this item. A link to the program statistics template is provided in the next column.</p> <p><i>Save and upload your completed Statistics document in the .xls format. This system does not accept upload of .docx and .xlsx documents.</i></p>	<p>Program Statistics Template</p>	
<p>Optional Bibliography</p> <p>Complete the optional bibliography as per the instructions on the template. Use the bibliography template to cite references from the proposal narrative. A link to the template is available in the next column.</p>	<p>Bibliography</p>	

<p>Optional Appendices</p> <p>Appendices are optional. Examples of materials you may submit in this appendices template include letters of support from stakeholder groups or other organizations, fact sheets, press clippings outlining your efforts, description(s) of the organizations with whom you will work or other documents directly related to the proposed project. See complete instructions/requirements on the template. A link to the template is available in the next column.</p>	Appendices	

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**New Careers in Nursing
Brief Proposal
Proposal Narrative Template**

Instructions for using this template.

Please use 1-inch margins and a 12-point Arial font. You may single-space or double-space your proposal. Please delete these general instructions and the italicized ones below before uploading your completed narrative to the online grant system.

You should:

- Print this template in its entirety before you begin, so you have the instructions available at all times.
- Complete the **Identifying Information** shown below this block of instructions.
- Delete this block of instructions prior to uploading this template.
- **Save your final Proposal Narrative in the PDF format. Refer to the Troubleshooting Tips section of the online system for additional information.** Specifics on acceptable file formats are available in the online Applicant Guide
- Upload the PDF file to the Proposal Narrative and Supporting Documents section of the online system.

NOTES:

- Your narrative should be typed in black, 12 point Arial font.
- The entire narrative, including the section headings, should have single or double-line spacing, one-inch margins top, bottom and sides, and be no longer than 8 pages. We will not review narratives that exceed the 8-page limit—or that do not conform to the formatting instructions above.
- Enter your responses under the section headings shown below. These Section headings should remain but italicized section instructions should be deleted.
- Specifics on acceptable file formats are available in the online Applicant Guide.
- Do not adjust the margins or font style/size of this template.

Don't forget...delete this block of instructions before uploading this template.

Identifying Information

Project Title: (your project title goes here)

Application I.D.: (your application ID goes here)

Applicant Name: (your name goes here)

Legal Name of Applicant Organization: (Legal Name of Applicant Organization goes here)

(Your proposal narrative goes here)

BACKGROUND

Instructions:

Briefly provide background statement about your school of nursing, with special attention given to your institution's experience with offering accelerated entry-level nursing programs. Include your program's successes and challenges. (Approximately 1 page)

(Insert your response here in black font and delete the italicized instructions.)

EXPANDING PROGRAM CAPACITY

Instructions:

State whether receiving scholarship funding through this program will enable you to increase the number of students who are members of groups underrepresented in nursing in your accelerated nursing program beyond the current enrollment level. If you are able to expand your capacity, please describe to what extent and how you will achieve this expansion. Describe how this funding might give you leverage to expand faculty resources and make other programmatic changes. Explain the impact if you do not receive the full amount being requested. (Approximately 1 page)

(Insert your response here in black font and delete the italicized instructions.)

DIVERSITY

Instructions:

We expect applicant institutions to actively recruit students from groups underrepresented in nursing or from disadvantaged backgrounds. Address specifically how you plan to recruit this population of students and the selection processes you will use to award scholarships. Include your definition of "groups underrepresented in nursing" and students from "disadvantaged backgrounds." How will you continue to sustain these recruitment efforts beyond the term of this grant? (Approximately 2 pages)

(Insert your response here in black font and delete the italicized instructions.)

USE OF RWJF SCHOLARSHIP FUNDS

Instructions:

We expect applicant institutions to allocate RWJF scholarship funds to enrolled students accepted into accelerated baccalaureate or masters degree nursing programs and meet the RWJF qualifications criteria. Our intent is to support students and offset expenses incurred as a result of participating in an accelerated degree program.

These funds must first be applied to any unmet need in the student's aid package.

Adjustments to students' financial aid packages as a result of receipt of RWJF scholarship funds must be made only to comply with federal regulations or other aid program provisions. When an adjustment is necessary, aid programs should be reduced in the following order to resolve the over award:

- 1. Loans and/or need-based employment, at the school's discretion, unless the student specifies a preference.*
- 2. Scholarships and grants over which the institution has control.*

*Describe how your office of financial aid or the designated university department will allocate scholarships to student from “underrepresented or disadvantaged background” and reduce their overall financial burden while in school. (Approximately 1 page)
(Insert your response here in black font and delete the italicized instructions.)*

MENTORSHIP & LEADERSHIP DEVELOPMENT

Instructions:

Describe your plans for mentorship activities that will be made available to increase rates of retention for these scholarship recipients.

*Describe leadership development activities you will implement to develop leadership potential for scholarship recipients in your accelerated program. (Approximately 1 page)
(Insert your response here in black font and delete the italicized instructions.)*

PROGRAM EVALUATION

Instructions:

Describe how your plan for evaluation will allow you to assess your program and make necessary adjustments for program improvement. Identify specific evaluation criteria that you will use to measure your program goals and objectives. Identify how you will determine the impact of your program. (Approximately 1 page) (Insert your response here in black font and delete the italicized instructions.)

IMPLEMENTATION SUCCESS

Instructions:

• Previous Grantees

If you are a past grantee summarize the annual report you submitted to the Foundation at the conclusion of your previous grant. Describe outcomes, success and challenges of your previous grant(s). Include a discussion of how you plan to address challenges you may have experienced and highlights of lessons learned. (Approximately 1 page)

Or

• Prospective Grantees

If you have never been awarded a NCIN grant explain why you think your institution is well positioned to meet the goals and objectives of the New Careers in Nursing program. Describe faculty qualifications, program resources, student services, program growth potential, and related factors, and mention any perceived challenges your program may face. (Approximately 1 page)

(Answer only one of these questions here in black font and delete the italicized instructions.)

**New Careers in Nursing
Brief Proposal
Curricula Vitae/Resumes Template**

Instructions for using this template.

Please use 1-inch margins and a 12-point Arial font. Please delete these general instructions and the italicized ones below before uploading your completed narrative to the online grant system.

You should:

- Print this template in its entirety before you begin, so you have the instructions available at all times.
- Complete the **Identifying Information** shown on the next page of instructions.
- Delete this block of instructions prior to uploading this template.
- **Save your final Curricula Vitae/Resumes in the PDF format. Refer to the Troubleshooting Tips section of the online system for additional information.** Specifics on acceptable file formats are available in the online Applicant Guide
- Upload the PDF file to the Proposal Narrative and Supporting Documents section of the online system.

NOTES:

- Complete this template to provide us with information for key staff members, this is a blank template that will allow you to upload curricula vitae/resumes. You may copy and paste each resume from an existing document into this template, or you may use your current NIH resume, if applicable.
- **Required resume are for the Principle Investigator, Program Director and Program Liaison, you may submit up to five resumes;** each resume should not exceed **4 pages in length**. The total document **should not exceed 20 pages**.
- Complete the identifying header at the top of each page
- Include professional experience, listed in chronological order, with position held.
- Include education, beginning with baccalaureate degree
- List selected peer-reviewed publications (in chronological order). Do not include publications that have been submitted but not accepted for publication or are in preparation.
- Save the resumes as one document and then upload it following the instructions on the "Additional Documents" screen.
- Specifics on acceptable file formats are available in the online Applicant Guide.
- Do not adjust the margins or font style/size of this template.

Don't forget...delete this block of instructions before uploading this template.

Identifying Information

Project Title: (your project title goes here)

Application I.D.: (your application ID goes here)

Applicant Name: (your name goes here)

Legal Name of Applicant Organization: (Legal Name of Applicant Organization goes here)

**New Careers in Nursing
Curricula Vitae/Resumes Template**

Principle Investigator (required): (Defined as the individual with primary responsibility for implementing the grant. Enter Principle Investigator's name here)

Applicant Organization: (Enter school of nursing name here)

SAMPLE: Page 34 of 43
- not intended for submission -

**New Careers in Nursing
Curricula Vitae/Resumes Template**

Program Director (required): (Defined as the individual at the institutional level with primary responsibility for the Accelerated Degree Program. Please include even if duplicate; Enter Program Director's name here)

Applicant Organization: (Enter school of nursing name here)

SAMPLE: Page 35 Of 43
- not intended for submission -

**New Careers in Nursing
Curricula Vitae/Resumes Template**

Program Liaison (required): (Defined as the Point of contact for communication between the New Careers in Nursing National Program Office and the institution. Please include even if duplicate; Enter Program Liaison's name here)

Applicant Organization: (Enter school of nursing name here)

SAMPLE: Page 36 Of 43
- not intended for submission -

**New Careers in Nursing
Curricula Vitae/Resumes Template**

Dean/Director/Chair (optional): (Enter Dean name here; otherwise, delete this page if not submitted)

Applicant Organization: (Enter school of nursing name here)

SAMPLE: Page 37 Of 43
- not intended for submission -

**New Careers in Nursing
Curricula Vitae/Resumes Template**

Other Key Staff (optional): (If applicable, enter other contact name and position title here; otherwise, delete this page if not submitted)

Applicant Organization: (Enter organization name here)

SAMPLE: Page 38 Of 43
- not intended for submission -

Program Statistic Template Instructions

Failure to complete and submit this template will render the application incomplete

This table requests both historical and current data about your school's accelerated programs. You are requested to submit data on applications, enrollment, graduates, NCLEX pass rates, dropout rates, and diversity within your student body. The 'years' columns refer to **academic**, not calendar, years. Please follow these instructions to answer all questions accurately and completely.

1. Please enter the name of your Legal name of your organization and applicant i.d. on the table.
2. Please answer with both a **whole number** and a percent in separate cells. For example, if there were 7 male students representing 20% of your student body in 2007-2008, enter "7" in the **N** cell and "20" in the % cell.
3. Please use a "0" to represent instances when you have data for a particular question (e.g. Applicants) but there are no members of a particular group (e.g. American Indian or Alaska Native).
4. If your program was not in existence during a particular year please indicate with a -2.
5. ***If a question does not apply to your institution or you do not have the information to correctly answer it, enter "-9"***
6. Dropout/Withdrawal: This refers to students who are **no longer** enrolled in the nursing program. The student may have been dismissed from the program or have chosen to leave voluntarily. This DOES NOT include students who have moved to delayed progression, i.e. to a traditional program.
7. Use this formula to calculate Retention Measure:

Retention of nursing students in the accelerated nursing program.	
Numerator	Number of declared accelerated nursing students who have completed the academic nursing program plus the number of accelerated nursing students who are still enrolled (accelerated or traditional) at the beginning of the following Fall semester
Denominator	Number of accelerated nursing students enrolled at the beginning of the Fall semester
Example	<p>There are 200 students enrolled in the accelerated nursing program in Fall 2008. Prior to the start of the Fall 2009 semester, 40 students have graduated and 18 are no longer enrolled, leaving 142 continuing students.</p> <p>The Retention Performance Measure for 2009 would be calculated as:</p> <p>Retention = $(40 + 142) / 200 = 91.0\%$</p>

8. Please provide NCLEX Pass Rate data for all Nursing School programs (Combined) as well as for Entry-level programs and Accelerated programs.

Program Statistics Template

Application I.D.: (your application ID goes here)

Legal Name of Applicant Organization: (Legal Name of Applicant Organization goes here)

Accelerated Baccalaureate Programs

Applicants	2007-2008		2008-2009		2009-2010		2010-2011		2011-2012	
	N	%	N	%	N	%	N	%	N	%
Male										
American Indian or Alaska Native										
Asian										
Black or African-American										
Hispanic										
Native Hawaiiin or other Pacific Islander										
Other/Unknown										
White										
Disadvantaged backgrounds										
TOTAL number of applicants		N/A		N/A		N/A		N/A		N/A
Enrolled	2007-2008		2008-2009		2009-2010		2010-2011		2011-2012	
	N	%	N	%	N	%	N	%	N	%
Male										
American Indian or Alaska Native										
Asian										
Black or African-American										
Hispanic										
Native Hawaiiin or other Pacific Islander										
Other/Unknown										
White										
Disadvantaged backgrounds										
TOTAL number of enrollees		N/A		N/A		N/A		N/A		N/A
Overall Retention Measure	2007-2008		2008-2009		2009-2010		2010-2011		2011-2012	
	N	%	N	%	N	%	N	%	N	%
Overall Retention Measure	N/A		N/A		N/A		N/A		N/A	

Accelerated Masters Programs

Applicants	2007-2008		2008-2009		2009-2010		2010-2011		2011-2012	
	N	%	N	%	N	%	N	%	N	%
Male										
American Indian or Alaska Native										
Asian										
Black or African-American										
Hispanic										
Native Hawaiiin or other Pacific Islander										
Other/Unknown										
White										
Disadvantaged backgrounds										
TOTAL number of applicants		N/A		N/A		N/A		N/A		N/A
Enrolled	2007-2008		2008-2009		2009-2010		2010-2011		2011-2012	
	N	%	N	%	N	%	N	%	N	%
Male										
American Indian or Alaska Native										
Asian										
Black or African-American										
Hispanic										
Native Hawaiiin or other Pacific Islander										
Other/Unknown										
White										
Disadvantaged backgrounds										
TOTAL number of enrollees		N/A		N/A		N/A		N/A		N/A
Overall Retention Measure	2007-2008		2008-2009		2009-2010		2010-2011		2011-2012	
	N	%	N	%	N	%	N	%	N	%
Overall Retention Measure	N/A		N/A		N/A		N/A		N/A	

**New Careers in Nursing
Brief Proposal
Bibliography Template**

Instructions for using this template.

This is a blank template that will allow you to cite references from the Proposal Narrative. Citations should follow the style of the American Psychological Association. The Bibliography Template must be typed in 12 point Arial font, single line spacing, with 1 inch top, bottom and side margins. The Bibliography Template is limited to one page.

You should:

- Print this template in its entirety before you begin, so you have the instructions available at all times.
- Complete the **Identifying Information** shown below this block of instructions.
- Delete this block of instructions prior to uploading this template.
- **Save your final Bibliography Template in the PDF format. Refer to the Troubleshooting Tips section of the online system for additional information.** Specifics on acceptable file formats are available in the online Applicant Guide
- Upload the PDF file to the Proposal Narrative and Supporting Documents section of the online system.

NOTES:

- This document is limited to one page.
- Specifics on acceptable file formats are available in the online Applicant Guide.
- Do not adjust the margins or font style/size of this template.

Don't forget...delete this block of instructions before uploading this template.

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**New Careers in Nursing
Brief Proposal
Optional Appendices Template**

Instructions for using this template.

Please use 1-inch margins and a 12-point Arial font. Please delete these general instructions and the ones below before uploading your completed Appendices to the online grant system.

You should:

- Print this template in its entirety before you begin, so you have the instructions available at all times.
- Complete the **Identifying Information** shown below this block of instructions.
- Delete this block of instructions prior to uploading this template.
- **Save your final Appendices in the PDF format. Refer to the Troubleshooting Tips section of the online system for additional information.** Specifics on acceptable file formats are available in the online Applicant Guide
- Upload the PDF file to the Proposal Narrative and Supporting Documents section of the online system.

NOTES:

- The first/cover page of the “Appendices Template” should list the materials that are being submitted.
- The “Appendices Template,” including the cover page, may be no more than 5 pages in length.
- Examples of materials you may submit in this appendices template include letters of support from stakeholder groups or other organizations, fact sheets, press clippings outlining your efforts, description(s) of the organizations with whom you will work or other documents directly related to the proposed project.
- Appendices are optional and should be combined and uploaded as one comprehensive document. One way to do this is to print out the completed cover page and scan it, together with your appendices, thus creating one, all-inclusive, file. Be sure to use a low resolution setting.
- Specifics on acceptable file formats are available in the online Applicant Guide.
- Do not adjust the margins or font style/size of this template.

Don't forget...delete this block of instructions before uploading this template.

Identifying Information

Project Title: (your project title goes here)

Application I.D.: (your application ID goes here)

Applicant Name: (your name goes here)

Legal Name of Applicant Organization: (Legal Name of Applicant Organization goes here)

(Your list of appendices goes here)