The data on this questionnaire is strictly confidential and anonymous. Please do not put your name on this form. The data will be utilized in the development of funding proposals and preparation of reports for professional nursing organizations.

**Student Status:**
- Full-time Student (≥ 12 Hours) ______
- Part-time Student (< 12 Hours) ______

**Gender:**
- Male______
- Female______

**Age:**
- 16-20______
- 21-25______
- 26-30______
- 31-40______
- 41-50______
- 51-60______
- 61 or older______

**Ethnicity:**
- American Indian or Native Alaskan______
- Asian______
- Black or African American______
- Latino or Hispanic______
- Native Hawaiian or Pacific Islander______
- White or Caucasian______
- Other______

**Financial Resources:**
- Grant Recipient Yes______No______ Type of Grant:__________________________________________
- Student Loan Recipient Yes______No______ Type of Loan:_____________________________________
- Scholarship Recipient Yes______No______ Type of Scholarship:_________________________________
- Workstudy Funds Recipient Yes______No______
- Workforce Investment Act (WIA) Funds Recipient Yes______No______
- Zero Financial Aid Yes______No______
- Other___________________________________________________________________________________

**Is English a second language for you?** Yes______No______

**Are you a citizen of the United States?**  Yes______No______

**Are you considered an International Student?** Yes______No______

**Does either parent have a 4-year college degree?** Yes______No______

**Do you have a degree in a field other than nursing?** Yes______No______ Degree:_______________

**Are you retraining due to job loss?** Yes______No______