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______