

Name _____ PSU ID _____ Cell Number _____ Email _____

**Pittsburg State University Irene Ransom Bradley School of Nursing
Nurse Education, Practice, Quality and Retention (NEPQR) Grant Program
Disadvantaged Background/Status Form - Fall 2021**

In an effort to help determine disadvantaged status, please answer the following questions:

1. Have you or your family ever received public assistance such as: Temporary Assistance to Needy Families, Supplemental Nutrition Assistance Program (Food Stamps or WIC), Medicaid, or Public Housing? **Yes or No, if yes, which programs were utilized?** _____
2. Are you the first generation in your family to attend college? **Yes or No**
Did your mother or father graduate? _____ If yes, which college? _____
3. Name of your High School: _____

City _____ State _____ County _____

Graduation Year: _____ We will be checking your state's Department of Education website and must know the **years of attendance at your high school** _____

- The individual graduated from (or last attended) a high school with low SAT scores, based on most recent annual data available.
- The individual graduated from (or last attended) a high school that—based on the most recent annual data available—had either a: low percentage of seniors receiving a high school diploma; or a low percentage of graduates who go to college during the first year after graduation.
- The individual graduated from (or last attended) a high school with low per capita funding.
- The individual graduated from (or last attended) a high school where—based on the most recent annual data available— many of the enrolled students are eligible for free or reduced-price lunches.

4. Gender: Male ___ Female ___
5. Age _____ Date of Birth _____
6. Race: _____ If more than one race, please list _____ Hispanic: _____
7. Rural Residential Background of Students must be determined. What is your Current Residence: City _____ State _____ County _____?
8. Do you meet low-income levels based on the 2019 Poverty Guidelines? Yes ___ No ___
If yes, please indicate which income level you meet (numbers listed below).

LOW INCOME LEVELS BASED ON THE 2019 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA Persons in family/household * Income level **

1.....	\$12,760	2	\$17,240
3.....	\$21,720	4	\$26,200
5.....	\$30,680	6	\$35,160
7.....	\$39,640	8.....	\$44,120

For families with more than 8 persons, add \$4,480 for each additional person. * Includes only dependents listed on federal income tax forms. ** Adjusted gross income for calendar year 2020. Federal Register / Vol. 85, No. 12 / Friday, January 17, 2020 / Notices

9. Are you a citizen of the United States, a non-citizen national or a foreign national who possesses a visa permitting permanent residence in the United States? Yes ___ No ___
Please list your status _____. **Individuals on temporary or student visas are not eligible to receive NEPQR support**
10. Are you a Veteran? Yes No
If yes, branch _____. Active duty: _____ National Guard: _____