

Last Name: _____ First Name: _____

High School or Current Institution: _____ Birth Date: _____

Contact Telephone: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

The UNLV School of Nursing *may* offer a limited number of Nurse Camp Registration fee waivers (full and/or partial). Submission of this form and the required documents does not guarantee a fee waiver AND does not guarantee a spot at Nurse Camp.

To be considered for a fee waiver you must submit your completed form and documents by **April 15**.

Applicants will be notified by **May 15** (if not sooner) if they have received a fee waiver.

Proof of Financial Need

Submit a document showing proof of financial need. This can include, but is not limited to: free and reduced lunch, food stamps, or ACT/SAT fee waiver.

Mail, fax, or e-mail your completed form and documents to:

UNLV School of Nursing
4505 S. Maryland Parkway, Box 453018
Las Vegas, NV 89154

Fax: 702-895-4807

E-mail: minnie.wood@unlv.edu

Statement of Release

I certify the information provided on this application is accurate and complete. I fully understand that these documents are not returnable and cannot be reproduced. Furthermore, I agree to abide by all the rules and regulations of the University of Nevada, Las Vegas.

Applicant Signature _____ Date _____

For Office Use Only:
Document(s) received:
 Proof of Financial Need
Waiver:
 Denied
 Approved
 Waiver Applied
Approved Waiver:
 Full
 Partial Amt _____
 Waiver Applied
Application:
 Submitted

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