

## WV CENTER FOR NURSING SCHOLARSHIP PROGRAM EMERGENCY FUND REQUEST 2010-11

**Purpose:** To assure that qualified nursing students stay in school, graduate, and become part of the workforce in the State of West Virginia.

Emergency fund requests are to be made by the Institution (Dean or Director), on behalf of the student in need, to the Executive Director for the WV Center for Nursing. Funding for such requests will be considered on a case-by-case basis. Documentation to demonstrate need must be provided by the student, and accompany the request. If approved, the funds will be sent directly to the student. The maximum amount of funding is for up to \$500 per student, per year, until funding is exhausted. Institutions must have signed the participation agreement.

Institution Name: \_\_\_\_\_

Staff Contact (must be the Dean or Director of the Program): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### **Emergency Funding:**

*Definition: Short-term emergency events that would prohibit a student from continuing nursing education.*

*Examples: Environmental emergencies (flooding, storm damage, fires), Funding for car repairs, utility payments, child care, gas for vehicle to attend classes.*

*\*Note: Graduation announcements, cap/gown, and pinning costs are not emergencies in themselves.*

**Total Requested: \$** \_\_\_\_\_

**\*You are encouraged to request only the amount needed to satisfy the emergency. Please attach a statement from the student explicitly stating the nature of the need for emergency funding and any additional documentation to support the request.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please direct any questions, or mail application form and documentation to:**

Duane Napier, MSN, RN, Executive Director,

Robert Wood Johnson Foundation Executive Nurse Fellow

WV Center for Nursing

1018 Kanawha Boulevard, East; Suite 700, Charleston, WV 25301

Phone: (304) 558-0838

E-mail: [napier@hepc.wvnet.edu](mailto:napier@hepc.wvnet.edu)



Student contact information

Please type or print legibly.

**This form must be completed or your application will be held until a completed form is received.**

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail: \_\_\_\_\_

Amount Awarded: \$ \_\_\_\_\_

Which semester was award received:  Fall 2010  Spring 2011

Actual or Anticipated graduation date: \_\_\_\_\_

Current place of employment:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Where do you plan to work upon graduation? \_\_\_\_\_

Have you been offered a job?  Yes  No

If yes, where? \_\_\_\_\_

How did receiving this award help you continue your education?

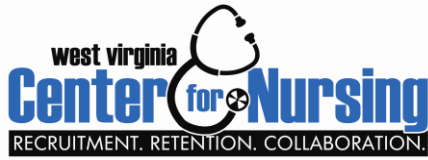
What did you use the award for?

What other resources of financial aid did you have?

1. \_\_\_\_\_ Amount of Aid: \$ \_\_\_\_\_

2. \_\_\_\_\_ Amount of Aid: \$ \_\_\_\_\_

3. \_\_\_\_\_ Amount of Aid: \$ \_\_\_\_\_



Attach additional pages if needed.  
 Thank you for taking the time to complete this questionnaire.  
 The WV Center for Nursing wishes you continued success in your nursing career.

Form <b>W-9</b> (Rev. January 2003) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer          Identification Number and Certification</b>	Give form to the requester. Do not send to the IRS.
Print or type See specific instructions on page 2	Name	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ ..... <input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		
<b>Part I Taxpayer Identification Number (TIN)</b>		
Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.		
		Social security number                     OR Employer identification number 
Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.		
<b>Part II Certification</b>		
Under penalties of perjury, I certify that:		
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. person (including a U.S. resident alien).		
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)		
<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶

**Purpose of Form**

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

*Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.*

**Foreign person.** If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.**

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.