

**SAGE GRADUATE SCHOOL, DEPARTMENT OF NURSING  
PROFESSIONAL NURSE TRAINEESHIP APPLICATION**

Date: \_\_\_\_\_

1. Name of Applicant: \_\_\_\_\_  
(Last) (First) (Middle)

2. Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

3. Telephone Number: \_\_\_\_\_  
(Home/Cell) (Work)

4. Social Security Number (last four only) XXX-XX- \_\_\_\_\_

5. Indicate your program of study at Sage (All undergraduate courses must be completed to be eligible)

- |   |  |
|---|--|
| <b>Clinical Track:</b>                                  | <b>Functional Role:</b>                            |
| <input type="checkbox"/> Community Health               | <input type="checkbox"/> Administrator/Executive   |
| <input type="checkbox"/> Adult Health                   | <input type="checkbox"/> Clinical Nurse Specialist |
| <input type="checkbox"/> Psych-Mental Health            | <input type="checkbox"/> Educator                  |
| <input type="checkbox"/> Family Nurse Practitioner      |  |
| <input type="checkbox"/> Adult Nurse Practitioner       |  |
| <input type="checkbox"/> Gerontology Nurse Practitioner |  |
| <input type="checkbox"/> Doctor of Nursing Science      |  |

6. Indicate where you are currently employed and if you receive tuition reimbursement: \_\_\_\_\_  
\_\_\_\_\_

7. Do you expect to receive any other financial assistance? \_\_\_\_\_  
\_\_\_\_\_

8. Indicate where you anticipate to be employed after graduation (location, type of practices) \_\_\_\_\_  
\_\_\_\_\_

9. Please indicate the courses you plan to take in the semester(s) for which the traineeship is requested.

<b>Fall</b> _____(Year)	<b>Spring</b> _____(Year)
_____	_____
_____	_____
_____	_____
_____	_____

**MUST BE RECEIVED BEFORE DEADLINES: APRIL 20th FOR FALL - OCTOBER 1st FOR SPRING**  
e-mail copies of applications are not accepted  
Send to:  
The Sage Colleges, Department of Nursing  
65 1st Street, Troy, NY 12180