



FRONTIER NURSING UNIVERSITY

www.frontier.edu



PRIDE

Promoting Recruitment and Retention to Increase Diversity in Nurse-Midwifery and Nurse Practitioner Education

INSTRUCTIONS: Please complete and return as an attachment to pride@frontier.edu

Name: _____

School Email Address: _____ **Alternate Email Address:** _____

Home address: _____

City: _____ **State:** _____ **Zip:** _____

Home phone number: _____ **Alternate phone number:** _____

Race:
_____ **Black or African American** _____ **American Indian or Alaska Native** _____ **Native Hawaiian or Other Pacific Islander**
_____ **Hispanic / Latino Ethnicity or Descent** _____ **Asian** _____ **White** _____ **Other**

Gender: _____ **Male** _____ **Female** **Age Group:** _____ **under 35** _____ **35-55** _____ **over 55** **Birthday - Month/Day:** _____

Anticipated Graduation Date: _____

Class: _____ **Terms Completed:** _____ **Specialty Track:** _____

Are you a full time or part time student? _____

Other areas of study interests (ex. International, Research, etc...): _____

Are you from a PRIDE Institue? _____ **Please Name Institution:** _____

Short-term career goal (upon graduating):

Long-term career goal (more than 5 years after graduation):

Where (city/region) do you hope to work after graduation?

How might you add to PRIDE's mission of increasing diversity and cultural awareness in nursing and midwifery?

What do you hope to gain from your participation in PRIDE?

ADMINISTRATIVE USE ONLY:

Date Joined: _____ **Fee Waiver** _____ **PRIDE Partner Student** _____