

PSN Program Application Disclaimer Form

I certify that my answers are true and complete to the best of my knowledge.

FERPA Waiver: Please note that by signing the application for this program, you waive certain protections under the FERPA law, that of which allow exchange of student information necessary for operational and statistical evidence-based outcomes of program deliveries, program effectiveness and student outcomes.

Participation: PSN Scholars commit to application, enrollment and completion of the CCAC Nursing program, upon successful completion of pre-requisites and other requirements for Nursing Admissions. Particulars of the grant require tracking of student activities, including academic and non-academic variables. Failure to follow through with the agreed Individual Pathway to Success Plan, or required activities, or weekly communications with the program administrator will give cause for review or discontinuance of program benefits. I understand the information above and that false or misleading information in my application or other program communications may result in termination from the PSN program.

Commitment of Employment: Completion of the CCAC Nursing Program and successful licensure from the PA State Board of Nursing will result in a 2-year commitment to RN employment in Allegheny County, or equivalent to the number of years supported by the grant.

I hereby apply for admission to the CCAC Pathway to Success for Nursing (PSN) program. I understand that financial assistance through the PSN program grant will be applied after all other “free” aid has been exhausted, and will be used for tuition, books and other educational expenses defined by the PSN program. I understand that if I drop, withdraw or otherwise terminate from the PSN program, I may be accountable for return of PSN grant monies expended on my behalf.

Signature: _____ Date: _____