



School of Nursing
229.931.2275 OFFICE
229.931.2288 FAX

800 Georgia Southwestern State University Drive
Americus, Georgia 31709-4379

Application for PAS Program

By completing and submitting the application below, the applicant is indicating interest in participating in the GSW SON **Prescription for Academic Success Program**.

Date: _____

NAME: _____

GSW ID# _____

Current

Mailing Address: _____

Alternate

Mailing Address: _____

Phone Number(s): Cell: _____ **Home:** _____

Email: GSW radar email: _____ **Alternate email:** _____

County where you completed high school: _____

Please check if you are a previous PAS grant recipient

Nursing Program Track (*check one*):

Generic BSN

Accelerated BSN

RN/BSN

Class Standing (*check one*):

Senior Nursing Student (*second year accepted nursing student*)

Junior Nursing Student (*first year accepted nursing student*)

Sophomore Pre-nursing Student

Freshman Pre-nursing Student

