

DCW Form

* required field

School

University of Maryland - School of Nursing

Discipline

NURSING

Degree

Nursing Diploma

Thank you for creating a DCW! The form can be completed in 3 easy steps.

1. ANNUAL TUITION

Please enter in the tuition amount to be enrolled for both an in-state resident as well as an out-of-state resident for an **entire ACADEMIC year**. If your institution uses a semester system, please include the tuition amount to be enrolled in as a full-time student for a summer, fall, and spring semester. If your institution uses a quarter system, please include the tuition amount to be enrolled in as a full time student for a fall, winter, spring, and summer quarter.

Annual Tuition Example: if in-state tuition is \$15,000 for 1 academic year (semester/quarter), please enter \$15,000 for "1st Year Student" and \$15,000 for each subsequent year.

2. FEES

Please enter in the fee amount for an **entire ACADEMIC year** for each fee type. The fee types listed are the only eligible fees for the Nursing Scholarship Program. As institutions may have varying names for the types of fees on the form, if a required fee at your institution does not fit into any of the fee categories noted, please list that fee in the "Other" heading. You will only be allowed to add 1 other fee. **Please note** that "Other" fees may not be eligible for reimbursement due to NSP fee restrictions.

3. OTHER REASONABLE COSTS (ORCS)

Please enter the ORC amount for an **entire ACADEMIC year** for each ORC type. The Nursing Scholarship Program only offers ORC amounts for the following three categories: Books, Clinical Supplies/instruments, and Uniforms.

Please explain any "other" fees in the comments section below.

Tuition

	1st Year Student	2nd Year Student	3rd Year Student	4th Year Student
Resident *	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Non-Resident *	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>

School Incurred Fees

	1st Year Student	2nd Year Student	3rd Year Student	4th Year Student
Academic Support Services	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Administrative Fees	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Facility Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Campus Life Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Computer Lab Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="Fourth Year Cost \$0"/>
Curriculum Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Disability Insurance	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Education Fees	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Graduation Fee in last year of program	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Health Insurance	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Health Services and Immunizations	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Laboratory Fees	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Library Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Malpractice Insurance-if mandatory for all nursing students	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>

Matriculation Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Processing Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Recreation Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Student Activities Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Student Services Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Technology Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
University Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Other Fees	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>

Other Reasonable Costs

	1st Year Student	2nd Year Student	3rd Year Student	4th Year Student
Books	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Clinical Supplies/Instruments	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Uniforms	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>

I approve this Data Collection Worksheet

New Comments

SAVE **CANCEL**