

**SAMHSA MINORITY FELLOWSHIP PROGRAM (MFP)
AMERICAN NURSES ASSOCIATION**

FINANCIAL ADMINISTRATOR CONTACT FORM

Providing the following information will assist the MFP staff in expediting disbursement of the student tuition allocation. Payment will be made directly to the institution in the student's name.

FELLOW'S FULL NAME: _____

SOCIAL SECURITY/ID#: _____

ACADEMIC INSTITUTION: _____

ACADEMIC YEAR: _____

FINANCIAL ADMINISTRATOR NAME: _____

TITLE: _____

MAILING ADDRESS: _____

PHONE: (____) ____ _____ **FAX:** (____) ____ _____

E-MAIL: _____