

**NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF HEALTH CARE SCIENCES
DEAN'S SCHOLARSHIPS**

Funded by NSU-HPD, this program is designed to attract and encourage disadvantaged students to attend NSU-HPD, and further designed to enhance the diversity of the student body, faculty and staff, through the provision of financial assistance.

Amount: Full tuition payment or an apportioned amount of your tuition for one year. Annual renewal is possible, but it is not guaranteed.

Eligibility: Each entering first year applicant at NSU-HPD must be a U.S. citizen or permanent resident.

Awards can be made to disadvantaged students, considering the following factors:

- A. Consideration will be given to students from low-income families.
- B. Consideration will be given to students from school districts with high drop-out rates.
- C. Consideration will be given to students from single-parent families.

Diversity: It is the intent of the Dean, during the awarding of scholarships, to also create diversity on campus, to create an intellectual environment that reflects that diversity. The committee will consider a variety of factors in deciding whether to award a scholarship based upon diversity, including personal background, experience, opinions, cultural background and other factors.

**NOVA SOUTHEASTERN UNIVERSITY
DEAN'S SCHOLARSHIP APPLICATION**

Please read the program bulletin prior to completion of this application and provide the following information:

Name: _____
(First) (Middle) (Last)

Social Security Number: _____

Permanent and/or Legal Address: _____
(Street)

(City) (County) (State) (Zip)

Phone: _____
(Area Code) (Number)

Mailing Address: _____
(Street)

(City) (County) (State) (Zip)

Phone: _____
(Area Code) (Number)

Place of Birth: _____
(City or Town) (State)

I am applying for this scholarship for the academic year beginning in the Summer/Fall of _____
(Year)

Which year of your education are you in? _____

Please check your College of Health Care Sciences program:

Audiology Program _____

Athletic Training Program (Master's) _____

Anesthesiology Asst. Program _____ / Which Campus _____

Physician Assistant Program _____ / Which Campus _____

Physical Therapy Program _____ / Which Campus _____

Occupational Therapy Program _____ / Which Campus _____

Speech and Language Pathology _____

1. Have you ever received the Dean's Scholarship before? __ Yes __ No If yes, when? _____

2. Is your legal residence in a medically under-served rural or urban area; have you ever lived in a medically under-served rural or urban area? Yes _____ No _____

Please explain: _____

3. Do you have a disadvantaged background; or current disadvantaged status as described in the eligibility requirements?
Yes ___ No ___

4. I have relevant experience in (check all applicable):

_____ Teaching _____ Health Care Delivery _____ Social Services Delivery

_____ Volunteer with medically underserved populations (rural or urban)

_____ Other (Explain) _____

5. What specific field of your chosen career path do you plan to enter?

6. What location or type of area would you most like to practice in?

Please attach a 400-500-word essay discussing your answers to the above questions and their impact on your character and career development.

My answers in this application are truthful. I have read the Dean's Scholarship Eligibility Information. By signing this application, I accept and agree to all statements contained therein.

(Signature)

(Date)

Please return the completed Dean's Scholarship Application package, including the essay by **April 30th** to:

Sue Darcy-Peake
Health Professions Division
3300 S. University Drive
Fort Lauderdale, Florida 33328