

**NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF HEALTH CARE SCIENCES  
ANESTHESIOLOGIST ASSISTANT DEAN'S SCHOLARSHIP**

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  
ANESTHESIOLOGIST ASSISTANT 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 indicate which Anesthesiologist Assistant program you are applying to:

- Denver
- Fort Lauderdale / Davie
- Jacksonville
- Orlando
- Tampa Bay

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 15** to Professor Nate Weirich by email to (wnathan@nova.edu) and Anissa Costello (ac1228@nova.edu).