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

Funded by NSU-HPD, this program is designed to attract and encourage students to attend NSU.

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.

NOVA SOUTHEASTERN UNIVERSITY DEAN'S SCHOLARSHIP - ANESTHESIOLOGIST ASSISTANT 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 Which year of your education are you in? Please indicate which Anesthesiologist Assistant program you are applying to: Denver

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

Fort Lauderdale / Davie

Jacksonville

Tampa Bay

Orlando

2.	2. I have relevant experience in (check all applicable):				
	Teaching	Health Care Delivery	Social Services Delivery		
	Other (Explain)				
3.	3. What specific field of your chosen career path do you plan to enter?				
4.	What location or type of a	ce in?			
		truthful. I have read the Dean's Statements contained therein.	Scholarship Eligibility Information. B	y signing this	
(Signate	ure)		(Date)		

Please return the completed Dean's Scholarship Application by <u>April 15</u> to Professor Nate Weirich by email to (wnathan@nova.edu) and Anissa Costello (ac1228@nova.edu).