## NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF HEALTH CARE SCIENCES DEAN'S SCHOLARSHIP - AUDIOLOGY

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 - AUDIOLOGY 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) (Zip) (State) Phone: (Number) (Area Code) Mailing Address: \_\_ (Street) (City) (County) (Zip) (State) 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? 1. Have you ever received the Dean's Scholarship before? \_\_Yes \_\_No If yes, when? \_\_\_\_

2.	2. I have relevant experience in (check all applicable):			
	Teaching	Health Care Delivery	Social Services Delivery	
	Other (Explain)			
3.	What specific field of your chosen career path do you plan to enter?			
4.	4. What location or type of area would you most like to practice in?			
My ans applicat	wers in this application are tion, I accept and agree to al	truthful. I have read the Dean's Statements contained therein.	Scholarship Eligibility Information. E	By signing this
(Signat	ure)		(Date)	
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Please return the completed Dean's Scholarship Application by <u>April 1</u> to Dr. Erica Friedland by email to ericaf@nova.edu.