

**NOVA SOUTHEASTERN UNIVERSITY HEALTH PROFESSIONS DIVISION  
CHANCELLOR'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, renewal on an annual basis at the direction of the Chancellor, for up to four years.

Eligibility: Each entering first year applicant at NSU-HPD must be a U.S. citizen or permanent resident; resident of Florida as defined for in-state tuition purposes.

1. 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 for students from school districts with high drop-out rates.
  - C. Consideration will be given for students from single-parent families.
  - D. Consideration will be given from families in which few or no members have attended college.

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

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

The Chancellor's Scholarship is a scholarship providing full tuition payment. Please read the program bulletin prior to completion of this application. Please print 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)

Are you currently enrolled in one of the Health Professions Division Programs? \_\_\_\_ yes \_\_\_\_ no

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

College/Program you are attending or will be attending and what year of your education are you in: \_\_\_\_\_

College of Osteopathic Medicine \_\_\_\_\_ College of Pharmacy \_\_\_\_\_ College of Optometry \_\_\_\_\_

College of Dental Medicine \_\_\_\_\_ College of Nursing \_\_\_\_\_

College of Health Care Sciences: Audiology Program \_\_\_\_\_

Anesthesiology Asst. Program \_\_\_\_\_ / Which Campus \_\_\_\_\_

Physician Assistant Program \_\_\_\_\_ / Which Campus \_\_\_\_\_

Physical Therapy Program \_\_\_\_\_ / Which Campus \_\_\_\_\_

Occupational Therapy Program \_\_\_\_\_ / Which Campus \_\_\_\_\_

Have you ever received the Chancellor's Scholarship before? \_\_ Yes \_\_ No

If yes, when? \_\_\_\_\_

(If you are a non-U.S. citizen or U.S. citizen born outside the United States, please provide a copy of your citizenship documentation as described in the Eligibility Requirements?)

1. 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: \_\_\_\_\_  
\_\_\_\_\_

2. Do you have a disadvantaged background; or current disadvantaged status as described in the Eligibility Requirements?

Yes \_\_\_\_ No \_\_\_\_

If yes, please attach a short essay describing your disadvantaged background and status.

3. 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) \_\_\_\_\_  
\_\_\_\_\_

Attach a brief essay describing your experiences in the items checked above, and their impact on your character and career development.

4. Please attach a brief essay describing why you are applying for the Chancellor’s Scholarship.

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?

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Please return the completed Chancellor’s Scholarship Application package, including any additional information o attached essays to:**

**Office of the Chancellor  
Health Professions Division  
3200 S. University Drive  
Fort Lauderdale, Florida 33328**

**Application deadlines: May 30<sup>th</sup> for the Colleges of Osteopathic Medicine, Optometry, Dental Medicine and Nursing; for the College of Health Care Sciences/All Programs; April 30<sup>th</sup>; for the College of Pharmacy refer to their website.**