NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF HEALTH CARE SCIENCES
DEAN'S SCHOLARSHIP - PHYSICAL THERAPY

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 - PHYSICAL THERAPY 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 Physical Therapy program you are applying to:

- ◯ Fort Lauderdale / Davie
- ◯ Tampa Bay

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

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

   _____

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 by January 8 to Dr. Shari Rone-Adams by email to srone@nova.edu.