

## **NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF DENTAL MEDICINE DEAN'S SCHOLARSHIP**

Funded by NSU-CDM, this program is designed to attract and encourage highly qualified students to attend NSU- CDM and further designed to enhance the recruitment of future dentists 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, based on good academic standing and at the direction of the Dean, for up to four years.

Eligibility: Each entering first year applicant at NSU-CDM must be a U.S. citizen or permanent resident.

Purpose: It is the intent of the Dean to provide a merit-based scholarship to support dental students in their pursuit of their dental education.

**NOVA SOUTHEASTERN UNIVERSITY**  
**COLLEGE OF DENTAL MEDICINE DEAN'S SCHOLARSHIP APPLICATION**

Please read the program bulletin prior to completion of this application. Please print the following information:

Name: \_\_\_\_\_  
(First) (Middle) (Last)

NSU ID #: \_\_\_\_\_

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)

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:

\_\_\_\_\_

Have you ever received the Dean'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. 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) \_\_\_\_\_

2. Please provide a list of accomplishments and explain how these accomplishments affected your decision on choosing a dental profession.

\_\_\_\_\_

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3. What specific field of your chosen career path do you plan to enter?

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4. What are your professional goals?

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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.

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(Signature)

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(Date)

**Please return the completed Dean's Scholarship Application package, including any additional information to:**

**The Office of Student Services  
College of Dental Medicine – 3<sup>rd</sup> floor, room 7347  
3300 S. University Drive  
Fort Lauderdale, Florida 33328**

**Application deadlines: May 30<sup>th</sup>**

**May also send via email to [cdmservices@nova.edu](mailto:cdmservices@nova.edu)**