

NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF DENTAL MEDICINE DEAN'S SCHOLARSHIP

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 Dean, 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 Dean, 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
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)

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 Medicine (DO) _____ College of Pharmacy _____ College of Optometry _____

College of Dental Medicine _____ College of Nursing _____ College of Medicine (MD) _____

College of Health Care Sciences: Audiology Program _____ Athletic Training Program (Master's) _____

Anesthesiology Asst. Program _____ / Which Campus _____

Physician Assistant Program _____ / Which Campus _____

Physical Therapy Program _____ / Which Campus _____

Occupational Therapy Program _____ / Which Campus _____

Speech and Language Pathology _____

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. 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 President'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 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, including any additional information attached essays to:

**HPD Executive Office
Health Professions Division
3300 S. University Drive
Fort Lauderdale, Florida 33328**

**Application deadlines: May 30th for the Colleges of Osteopathic Medicine, Optometry, and Dental Medicine.
April 30th for the College of Health Care Sciences/All Programs and the College of Nursing
April 13th for the College of Medicine (MD); and for the College of Pharmacy refer to their website.**