

## Application - Scholarships for Disadvantaged Students

The School of Nursing was awarded federal funds from the U.S. Department of Health and Human Services for the Scholarships for Disadvantaged Students (SDS) program for the 2009-10 school year. Funds are available for scholarships for eligible graduate and undergraduate nursing students. The scholarships are intended to help cover the costs of tuition, other reasonable educational expenses, and some living expenses.

To be eligible, a student must:

1. be enrolled full time as an undergraduate or graduate nursing student and in good academic standing;
2. demonstrate financial need by submitting the Free Application for Federal Student Aid (FAFSA);
3. be a U.S. citizen or have permanent residency status, and be from a ***disadvantaged educational background*** (e.g., first person or first generation in your family to attend college; lack family support; graduated from a high school or from a geographic area where college education is not common), **OR** from a ***disadvantaged financial background*** (i.e., from a family with an annual income below the federally-defined threshold for the family size). In addition, preference for scholarships will go to students who have participated in the Exceptional Financial Need (EFN) or Financial Assistance for Disadvantaged Health Professions Students (FADHPS) Program.

If you believe you meet the requirements for a scholarship and want to be considered, please respond to the questions listed below and return this form to Sue Walker in the Student Affairs Office (2.104A).

***Please circle your response to the following questions:***

• **Disadvantaged Financial Background** (all graduate and undergraduate dependent **and** independent students should complete):

Circle the number of exemptions listed on your **parents'** Federal income tax form and their adjusted gross income:

Size of Family	Income Level
1	\$20,420 or below
2	\$27,380
3	\$34,340
4	\$41,300
5	\$48,260
6	\$55,220
7	\$62,180
8	\$69,140

• **Disadvantaged Educational Background:**

- |   |     |    |
|---|-----|----|
| 1. I am the first person or first generation in my family to attend college.                                      | Yes | No |
| 2. A college education is common for graduates of my high school.   | Yes | No |
| 3. My family encourages me to attend college.   | Yes | No |
| 4. I have participated in the Financial Assistance for Disadvantaged Health Professions Students (FADHPS) program | Yes | No |
| 5. I am a former scholarship recipient of the Exceptional Financial Need (EFN) program                            | Yes | No |
| 6. Please indicate why you believe you meet the <i>disadvantaged educational background</i> criterion.            |     |    |

Name: \_\_\_\_\_ UTEID: \_\_\_\_\_ e-mail: \_\_\_\_\_  
 Program and Classification: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

Students selected to receive SDS awards will be notified by letter. Please feel free to contact Sue Walker at 232-4799 if you have any questions.