

**NOVA SOUTHEASTERN UNIVERSITY HEALTH PROFESSIONS DIVISION
PRESIDENT'S SCHOLARSHIPS**

Funded by NSU HPD, this program is designed to attract and encourage disadvantaged students to attend NSU HPD, and to enhance the diversity of the student body 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 President, for up to four years.

Eligibility: Entering, first-year entry-level BSN applicant who has not completed another bachelor's degree. Must be a U.S. citizen or permanent resident and resident of Florida, as defined for in-state tuition purposes.

Consideration for awards will be given to students from

- A. low-income family
- B. school districts with high drop-out rates
- C. single-parent families
- D. families in which few or no members have attended college

Diversity: The President intends to create diversity on campus, to create an intellectual environment that reflects that diversity. The Division will consider several 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
PRESIDENT'S SCHOLARSHIP APPLICATION**

Please **clearly print** the following information:

Name: _____
(First) (Middle) (Last)

Student number: N _____

Email: _____

Permanent and/or Legal Address:

(City) (State) (Zip)

Phone: _____
(Area Code)-(Number)

Mailing Address:

(City) (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

College/program you are attending:

College of Osteopathic Medicine _____ College of Pharmacy _____ College of Optometry _____

College of Dental Medicine _____ College of Nursing _____/Campus

College of Health Care Sciences:

Audiology Program _____

Anesthesiology Asst. Program _____ / Campus _____

Physician Assistant Program _____ / Campus _____

Physical Therapy Program _____ / Campus _____

Occupational Therapy Program _____ / Campus _____

Have you ever received the President'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?

Is your legal residence in a medically under-served rural or urban area or have you ever lived in a medically under-served rural or urban area? Yes _____ No _____.

Do you have a disadvantaged background or current disadvantaged status as described in the Eligibility Requirements? Yes _____ No _____

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

(Signature)

(Date)

Please return the completed President's Scholarship Application package, including any additional information and attached essays to:

Matthew De Bruin
mdebruin@nova.edu

College of Nursing accepts applications only from students newly admitted, first-term in entry-level BSN program in the fall and winter semesters of the academic year in which the application is completed. Funds are not available every semester. The deadline for application submission is March 10 for the winter term and November 10 for the fall term. The application must be received before the deadline date. Incomplete or late applications will not be considered.

Essay Instructions

The essay must be typed, in 12 Times New Roman font, double spaced, with 1" margins. NO MORE THAN ONE PAGE IN LENGTH. Essays not meeting these specifications or exceeding one page in length will be ineligible for review. The essay must contain three discrete sections: (1) explain your disadvantaged background, responsibilities, or special circumstances which make attending school more difficult, (2) describe any volunteer or community service performed (3) indicate your long-term goals in nursing, the area in which you would like to practice, and how the funds will help you achieve your career goals.