NOVA SOUTHEASTERN UNIVERSITY HEALTH PROFESSIONS DIVISION
CHANCELLOR’S SCHOLARSHIPS

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 Chancellor, 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 Chancellor, 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
CHANCELLOR’S SCHOLARSHIP APPLICATION

The Chancellor’s Scholarship is a scholarship providing full tuition payment. 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 ____________
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 Chancellor’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 Chancellor’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 Chancellor’s Scholarship Eligibility Information. By signing this application, I accept and agree to all statements contained therein.

(Signature) __________________________       (Date) ______________

Please return the completed Chancellor’s Scholarship Application package, including any additional information or attached essays to: Office of the Chancellor
Health Professions Division
3200 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 Program; April 13th for the College of Medicine (MD); February 15th for the College of Nursing and for the College of Pharmacy refer to their website.