

**Nova Southeastern University – Dr. Kiran C. Patel College of
Osteopathic Medicine**

Dean's Scholarship

Purpose:

Funded by NSU, the Dean's Scholarship is designed to attract and encourage students who have experienced financial or life hardship, or who come from disadvantaged circumstances to attend KPCOM.

Terms:

- This is a one-year scholarship that may be renewed for up to three years.
- The applications are anonymously evaluated and scored by the dean.
- You must resubmit your application yearly.

Amount:

The amount of the scholarship is decided yearly by the dean and is dependent on the number of applicants. Past awarded amounts have been in the range from \$10,000.00 to \$25,000.00.

Eligibility:

- Entering first year applicants at NSU-KPCOM
- Current students of KPCOM

Considerations:

Special consideration will be granted to students from:

1. Low-income families
2. School districts with high dropout rates
3. Families in which few or no members have attended college
4. Circumstance of extreme life hardship
5. Under-represented groups (e.g. racial, cultural ethnicity, sexual identity) who demonstrate items 1-4 above.

NOVA SOUTHEASTERN UNIVERSITY
KIRAN C. PATEL COLLEGE OF OSTEOPATHIC MEDICINE
DEAN'S SCHOLARSHIP APPLICATION

The Dean's Scholarship is a scholarship providing assistance in tuition payment. Please read the program bulletin prior to completion of this application. Please print the following information:

Name: _____

First

Middle

Last

Nova ID Number: _____

Email: _____

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)

- I am applying for a scholarship for the freshman academic year beginning in _____
- This is a renewal application. In July of this year, I will commence my Sophomore/Junior/Senior year of study. (Circle One)

Please type and attach answers to the following questions. Note: Renewal applicants may attach the answers to these questions and the essay that were submitted on the first application.

1. (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.)

2. Is your legal residence in a medically underserved rural or urban area?
Yes _____ No _____

3. Have you ever lived in a medically underserved rural or urban area?
Yes _____ No _____

Please explain: _____

4. Do you have a background of hardship (financial or life circumstances), or current disadvantaged status as described in the Eligibility Requirements?
Yes _____ No _____

5. I have relevant experience in (check all applicable):

_____ Teaching Delivery _____ Health Care Delivery _____ Social Services

_____ Volunteer with medically underserved populations (rural or urban)

_____ Other

(Explain) _____

6. Please attach an essay (one-page, single space limit) describing why you are applying for the Dean's Scholarship.

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 and attached essays to:

**Susan Darcy Peake
Executive Office, 5th Floor, Terry Bldg.
Health Professions Division
3200 S. University Drive
Fort Lauderdale, FL 33328**

Application/Renewal Deadline: May 31st