The Graduate Dean’s Health Sciences Fellowship (GDHSF) is for nursing doctoral students in Years 2 - 5. Because the application process happens a year in advance, this means that to be eligible to apply, you must be currently enrolled in Years 1 - 4 at the time of application. Sociology PhD students have a separate application process.

Fellowships are awarded as a mark of merit, primarily on the basis of scholarship (including GPA), promise of outstanding achievement, and professional contribution. Scholarships typically range from $5,000 to $15,000.

Please note: Each year’s competition is independent and no preference is given to former recipients. Students must reapply each year.

To be eligible for the Graduate Dean’s Health Sciences Fellowship, students must be enrolled full time and must have a GPA of 3.0 or better. Those receiving T32, T42, NRSA (e.g., F31), non-NRSA (e.g., NIDA) grants or other similar grants need not apply. If you will become a recipient of any of the grants mentioned or similar grants after you have been awarded the GDHSF, then we will cancel your GDHSF. The application deadline is April 15th* (every year).

Requirements:

• Give the attached letter of reference form to your two reference writers. References should be from persons with whom you have studied or worked, and who are knowledgeable about your academic and research background.
• Be sure to add your name on the first line before you give the reference form to the persons you have asked to recommend you.
• Give them a stamped, addressed envelope with the form so that they can mail it to the address below or via campus mail to Box 0602 or via email to mariaelena.deguzman@ucsf.edu
• Remind your reference writers of the April 15th application receipt deadline.
• Your CV (curriculum vitae, résumé) must be attached to the application.

By April 15th, return the application with required documents to:

Maria Elena C. De Guzman
UCSF Nursing Student Affairs
2 Koret Way, N-319X, Box 0602
San Francisco, CA 94143

* If April 15th falls on a weekend or holiday, the deadline is the following regular workday.
You are eligible to apply for this fellowship if you are:

- Currently enrolled full time in your first through fourth year of doctoral study;
- Have a GPA of 3.0 or better; and
- A U.S. citizen, permanent resident, or foreign national

You will be evaluated on the following criteria:

- Academic ability and performance (based on graduate GPA and letters of reference);
- Clarity and focus of professional goals;
- Research accomplishments/experience (e.g., involved on research team/s, conducted independent research, publications, presentations);
- Professional contributions (e.g., to workplace, professional societies, etc.);
- Plans and promise for the future; and
- Strength of letters of reference

The following additional characteristics may be used in making decisions:

- Experience of situations or conditions that impeded advancing to graduate study, such as the absence of a family member who attended college; matriculation at a school with poor financial or curricular support; having a disability; or having worked long hours while attending school.
# GRADUATE DEAN’S HEALTH SCIENCES FELLOWSHIP Application Form

(Please print or type)

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<thead>
<tr>
<th>Name (Last, First Middle)</th>
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<td>(Area Code) and Telephone Number</td>
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<td>Email</td>
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<td>Year in Program during current Academic Year (e.g., 1st, 2nd)</td>
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<td>Degree Objective</td>
<td>Quarter and Year Entered Program</td>
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<td>Undergraduate Institution</td>
<td>Advanced to Candidacy? [ ] No [ ] Yes, When (mm/yyyy)?</td>
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<td>Country of Citizenship</td>
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## EMPLOYMENT (Previous employment relevant to your field of study)

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## REFERENCES

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## PUBLICATIONS

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Do you presently hold or expect to hold a fellowship or private scholarship of any kind?

[ ] Yes [ ] No If Yes, specify below:

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</table>

| Applicant's Signature | Date |
GRADUATE DEAN'S HEALTH SCIENCES FELLOWSHIP

Name of Applicant: 

**Please do both Goal and Personal Statements on this one page only.

GOAL STATEMENT
Please state your purpose in undertaking graduate study, including your short and long term professional goals, research you have conducted, and any other information which may aid the Committee in evaluating your preparation and ability in your field of work.

PERSONAL STATEMENT
Please describe why you believe you meet the fellowship criteria. You may include extenuating circumstances.
Name of Applicant: _____________________________________________________________

The Student Awards Committee would appreciate your opinion concerning the person named above, who has applied for a fellowship at this university. What are your personal impressions of this candidate's ability, the quality of her/his academic performance, scholarship to date, professional contribution, and promise of outstanding achievement? Your report will be considered confidential. Use the other side of this sheet if necessary. Remember to include your rating of the applicant with your signature and date.

Please also rate the applicant on this scale (check one).

Below Average | Average | Good | Outstanding | Truly Exceptional | Unable to Observe
---|---|---|---|---|---
[ ] | [ ] | [ ] | [ ] | [ ] | [ ]

Name (printed) | Title
---|---

Address

Signature | Date
---|---

Please return this recommendation by April 15th to:
Maria Elena C. De Guzman,
UCSF School of Nursing, Office Student Affairs
2 Koret Way, N-319X, Box 0602
San Francisco, CA 94143