This application is for nursing doctoral students who are currently enrolled in the first through fifth years of their program at UCSF.

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. Fellowship recipients will be subject to the Graduate Division annual funding cap which includes all scholarships and/or earnings as a GSR or TA (NRSAs and extramural fellowships are also included in this cap).

♦ The application deadline (every year) is April 15th*.

♦ By April 15th, return this application to:
  Maria Elena C. De Guzman  
  UCSF Nursing Student Affairs  
  2 Koret Way, N-319X, Box 0602  
  San Francisco, CA 94143

♦ 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 above address or they can send it via campus mail to Box 0602.

♦ Remind your reference writers of the April 15th application receipt deadline.

♦ Your CV (curriculum vitae, résumé) must be attached to all applications.

* In years where April 15th falls on a Saturday, Sunday, or Holiday, the following regular workday will be used as the effective/enforced deadline.
The following criteria will be used in determining eligibility and making decisions:

1. Awards made to doctoral students on basis of merit as defined by scholarship (including GPA), the promise of outstanding achievement, and professional contributions;

2. Eligibility includes U.S. citizens, permanent residents, and foreign nationals; and

3. Applicants must be currently enrolled in their first through fifth year of doctoral study.

The following additional characteristics may be used in making decisions:

A) 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; or

B) Evidence of an intention to use the doctoral degree toward serving educationally underrepresented segments of society.
**Name (Last, First Middle)** | **Social Security Number**
---|---
Mailing Address (valid after June 1st) | (Area Code) and Telephone Number

Email

**Year in Program during current Academic Year (e.g., 1st, 2nd)** | **Gender**
---|---

**Degree Objective** | **Quarter and Year Entered Program** | **Quarter and Year You Expect to Graduate**

**Undergraduate Institution** | **Advanced to Candidacy?**
---|---

[ ] No     [ ] Yes, When (mm/yyyy)?

**Country of Citizenship** | **Type of Visa** | **US Permanent Resident?**
---|---|---

[ ] Yes     [ ] No

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**EMPLOYMENT (Previous employment relevant to your field of study)**

**Employer** | **Position** | **Dates**
---|---|---

**Employer** | **Position** | **Dates**
---|---|---

**Employer** | **Position** | **Dates**
---|---|---

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**REFERENCES**

**Name** | **Title**
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**Name** | **Title**
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**PUBLICATIONS**

**Title** | **Publisher** | **Date**
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**Title** | **Publisher** | **Date**
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**Title** | **Publisher** | **Date**
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**Do you presently hold or expect to hold a fellowship, traineeship, private scholarship, or governmental support of any kind?**

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

**Source** | **Amount** | **Dates**
---|---|---

**Source** | **Amount** | **Dates**
---|---|---

**Source** | **Amount** | **Dates**
---|---|---

**Source** | **Amount** | **Dates**
---|---|---

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

Name of Applicant: ________________________________________________________________

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

GOAL STATEMENT
Please state your purpose in undertaking graduate study, including your professional goals, plans for the future, 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
Explain 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.

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

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<th>Below Average</th>
<th>Average</th>
<th>Good</th>
<th>Outstanding</th>
<th>Truly Exceptional</th>
<th>Unable to Observe</th>
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Name (printed)   Title

Address

Signature   Date

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