# **GRADUATE DEAN'S HEALTH SCIENCES FELLOWSHIP**



# Due April 15

# **Purpose**

The Graduate Dean's Health Sciences Fellowship (GDHSF) or Return to Aid Allocation (RTA) is awarded as a mark of merit primarily on the basis of scholarship (including GPA), promise of outstanding achievement, and professional contribution. This Fellowship is funded through the Return-to-Aid Allocation of the UCSF Graduate Division.

# Eligibility

- Nursing doctoral students entering their 4<sup>th</sup> and 5<sup>th</sup> years in the program in AY 2017-18;
- Registered as a full-time student;
- Must have a GPA of 3.0 or better, and maintain satisfactory academic progress;
- No citizenship requirement; and
- 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 which cover full resident fees after you have been awarded the GDHSF, then
  your GDHSF will be cancelled.

# Support

The award may be up to \$15,000 based on the ranking of the applicants as determined by the Student Awards Committee.

#### **Evaluation 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;
- Strength of letters of reference; and
- Additional characteristics which may be used in making decisions such as: Experience of
  situations or conditions that impeded advancing to graduate study which includes 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. Please describe any extenuating circumstances such as caregiving or other
  family responsibilities.

### **Application Process**

 Download the SON Scholarship Application and the GDHSF Addendum from the Student Funding webpage

- Submit two (2) letters of reference using the form in the addendum. References should be from persons with whom you have studied or worked with, and who are knowledgeable about your academic and research background. The reference letters should be submitted by the application deadline; and
- Submit current CV.

# Submission of Application (April 15)

**Note: Each year's competition is independent** *and* **no preference** is given to former recipients. Students **must** <u>reapply</u> *each year*.

Submit the SON Scholarship Application, GDHSF application addendum, CV, and reference letters via email to Maria Elena de Guzman, Student Funding Coordinator, preferably in pdf format (not jpg) at SONStudentFunding@ucsf.edu Re: GDHSF

# GRADUATE DEAN'S HEALTH SCIENCES FELLOWSHIP Application Addendum

(Please print or type)

Name (Last, First Middle)	UC SF#:				
Advanced to Candidacy? [] No [] Yes, When (mm/yyyy)?	Quarter and Year Entered Program				
Applied to the FAFSA? [] No [] Yes, When (mm/yyyy)?	Quarter and Year You Expect to Graduate				
EMPLOYMENT (Previous employment relevant to your field of study)					
Employer	Position	Dates			
Employer	Position	Dates			
Employer	Position	Dates			
REFERENCES					
Name	Title				
Name	Title				
PUBLICATIONS					
Title	Publisher	Date			
Title	Publisher	Date			
Title	Publisher	Date			
Do you <u>presently</u> hold (AY16-17) or <u>expect</u> to hold (AY17-18) a fellowship or private scholarship of any kind?  [] Yes [] No If Yes, specify below:					
Source	Amount	Dates			
Source	Amount	Dates			
Source	Amount	Dates			
Applicant's Signature	Date				

**Please do <u>both</u> Goal and Personal Statements on <u>this one page only</u> .
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.

SF#\_\_\_\_\_

Name of Applicant:

# GRADUATE DEAN'S HEALTH SCIENCES FELLOWSHIP LETTER OF RECOMMENDATION

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

SF#

Name of Applicant: \_\_\_\_\_

Signature

candidate's ability, the contribution, and pro- Use the other side of	mise of outstand	ing achievement?	Your report will b	e considered confide	ntial.
signature and date.					
Please also rate the	applicant on th	is scale (check o	one).		Unable to
Below Average	Average	Good	Outstanding	Truly Exceptional	Observe
[]	[]	[]	[]	[]	[]
Name (printed)			Title		
Address					

Please email this recommendation by April 15 to:

Date

Maria Elena C. De Guzman, SONStudentFunding@ucsf.edu