**SON Scholarship Application**

**2019/2020**

Dear Nursing Student Applicant:

The Office of Student Affairs/School of Nursing Student Funding Department is now accepting applications for the **2019/2020** academic year. If you are interested in applying for SON scholarships, please complete this application. We offer a limited selection of scholarships from endowed, non-endowed, and University Funds. Awards are made based on a variety of criteria, donor eligibility requirements, including academic merit, financial need, specific academic programs, and cultural diversity. A FAFSA is not required for all SON applications but is helpful in determining financial need. This scholarship application will be used for Internal Funds. Nursing Student receiving scholarships will be notified in writing as funding becomes available. *Also, please attach a copy of your CV or Resume.* **The SON** **Scholarship application is due on or before April 19, 2019. Submit application** via email to [SONStudentFunding@ucsf.edu](mailto:SONStudentFunding@ucsf.edu)

UCSF School of Nursing has very little scholarships for International students. In order to apply for SON Funds, International students must complete the SON Scholarship Application if you are interested in applying for institutional funds.

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial \_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UCSF SF ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated Date of Graduation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Student Status*** [] New Student Quarter/Year started: \_\_\_/\_\_\_/\_\_\_ **Gender:** □ Male

[] Continuing Quarter/Year started: \_\_\_/\_\_\_/\_\_\_ □ Female

**Enrollment Status** [] Part-Time [] Full-time

Please indicate if you have not been enrolled for one of the following reasons and the year(s) [] Readmission Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[] Withdrawal/Leave of Absence Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Programs of Study [] MS [] PHD [] MEPN***

Specialty (If MS or MEPN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Areas of Interest (If PhD) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you interested in teaching? [] Yes [] No

Are you a California Resident Are you a U.S. citizen? **Mark only one**

[] Yes [] No [] Yes, I am a U.S. Citizen [] No, but I am an eligible noncitizen

If No, Country of Citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Visa Type \_\_\_\_\_\_\_

**Ethnicity:** Do you consider yourself Hispanic or Latino? □ Yes □No

(Optional ~ *all information will be used for Scholarship purposes only)*

*In addition, select one or more of the following racial categories as appropriate for you.*

◊African American or Black ◊Asian

◊American Indian or Alaska Native ◊Native Hawaiian or Other Pacific Islander

Please specify tribe (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ◊White/Caucasian

Which of the following group’s best describes your background? Check as many categories as may apply.

**African American/Black Hispanic, Latino, or of Spanish Origin Asian American/Asian**

**◊**U.S**./**African American ◊Central American ◊Chinese/Chinese American (Inc. Taiwanese)

◊African (from African continent) ◊Chicano/Mexican American ◊Filipino/Filipino American

◊Central or South American ◊Cuban/Cuban American ◊Japanese/Japanese American

◊Other Black or American Ancestry ◊Puerto Rican ◊Korean/Korean American

◊South American ◊South Asian (ex: India/Pakistan/Sri Lanka)

**Native Hawaiian or ◊**Other Latino/Hispanic American Ancestry ◊Vietnamese/Vietnamese American

**Other Pacific Islander White/Caucasian ◊**Other South East Asian (ex: Cambodia/Laos)

◊Guamanian/Chamorro ◊European / European American ◊Other Asian/Asian American ancestry

◊Native Hawaiian ◊Middle Eastern / Middle Eastern American

◊Samoan ◊Other Pacific Islander Ancestry ◊North African American ◊Greek descent ◊Other White/Caucasian ancestry

Are you or will you be receiving T32, T42, F31, NIDA, R36 or any similar grants covering Fees [] Yes [] No

If yes, please indicate which scholarship(s) you received and in what quarter/year you received it: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Scholarship Information:** Please indicate (check mark the box(s) below) all the Fellowships/Extramural Loan Programs that you wish to be considered. Some scholarships are determined by the Awards Committee while others have a special eligibility requirements. Please review the eligibility requirements for each fellowship before you apply. All Scholarships (except the MEPN Scholarships) listed belowhave additional form and or additional documents which must be completed. Incomplete applications will not be considered. Please check our website for additional information: <https://nursing.ucsf.edu/for-students/student-funding/scholarship-information>

**Awards Committee determines**

* **Alex Anagnos Scholarship (MEPN, MS, PhD)** The Alex Anagnos Scholarship is awarded to a student who has demonstrated a commitment to serving the needs of vulnerable and underserved populations. Priority is given to men in nursing and/or students in Psychiatric/Mental Health specialty areas. **Additional Documentation required.**
* **Osher Scholarship ~(MS)** The Osher Scholars Program is intended to provide financial assistance to nursing students who demonstrate a commitment to serving the needs of underserved populations, show high promise for leadership in their future professional careers, and have financial need. **Additional documentation required.**
* **PhD Students years 4 & 5**
* **MS Students**
* **MEPN Scholarships (Entering 1st year MEPN Only)**
* **Nurse Faculty Loan Program (PhD)** The purpose of NFLP is to increase the number of qualified nursing faculty to facilitate education of the nurses needed to address the nursing workforce shortage. The program is funded by the Health Resources and Services Administration (HRSA) of the Bureau of Health Professions.

**Please indicate here if you wish to be considered for the School of Nursing Scholarships/Other forms of Institutional Aid. [] Yes [] No.**

***Please attach a copy of your resume or CV [] Yes [] NO***

***(Please check off all that apply as this helps us match you to the scholarship criteria)***

*□Clinical Practice □Health Policy □ Patient Advocacy □ Health Disparity □Palliative Care*

*□Critical Care □Global Health □ Diabetics □ Oncology □Child Development*

*□High Financial Need □Midwifery □ Pediatric □ Geriatrics □Trauma Nursing/ICU*

*□Psych/Mental Health □Family Health Nursing □ Chronic illness □ Symptom Management □Community Service*

*□Community Health □Occupational and Environmental Health Nursing □ Physiological Nursing*

*□Cardiovascular/Studies Related to Heart Failure □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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Are you receiving any outside scholarships/Outsider Sources/Employer Tuition Assistance? [] Yes [] No

If Yes, please name the source(s) and the amount(s)

Source Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Source Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Source Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Source Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1 a) Are you an Armed Forces veteran? [] Yes [] No

If YES, do you plan to use veteran benefits? [] Yes [] No Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) Are you Active Duty [] Yes [] No

If YES, will you use DOD tuition assistance? [] Yes [] No $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certification:** My signature certifies that all of the information on this form is true and complete to the best of my knowledge. I realize that information from this form will be used for the purpose of determining student aid eligibility. By signing below, I certify that I authorize UCSF/School of nursing to furnish scholarship donors with records relating to my performance as a student with respect to school and general information. By applying students understand that they are giving their consent to disclose application information to University Officials and to relevant funding committees. I certify that to the best of my knowledge all of the information is complete and accurate.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE:** You can submit the 2019/2020 SON Scholarship Application via email to [SONStudentFunding@ucsf.edu](mailto:SONStudentFunding@ucsf.edu). Good Luck!

*UCSF School of Nursing/Office of Student Affairs 2 Koret Way, N-319X San Francisco, CA 94143 SONscholarshipapp1920*