

**SON Scholarship Application 2017/2018**

Dear Nursing Student Applicant:

The School's Student Funding Department is now accepting applications for the **2017/2018** 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, including academic merit, financial need, specific academic programs, and cultural diversity. A FAFSA is not required for all SON scholarships but is helpful in determining financial need. This scholarship application will be used for Internal Funds. Nursing students receiving scholarships will be notified in writing as funding becomes available. **Scholarship application is due on or before April 15, 2017.**

UCSF School of Nursing has limited 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: Fall/Winter/Spring/Summer   Year: \_\_\_\_\_   **Gender:**    Male  
 Continuing   Quarter/Year started: Fall/Winter/Spring/Summer   Year: \_\_\_\_\_    Female

**Enrollment Status**    Part time    Full-time  
**NOTE:** students must attend full-time to maintain eligibility for financial aid and for some training grants.  
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: \_\_\_\_\_

<b>Program of Study</b> <input type="checkbox"/> MS <input type="checkbox"/> MEPN <input type="checkbox"/> PhD
Specialty (if MS or MEPN): _____ Area of Interest (If PhD) _____
Are you interested in teaching? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are you a California Resident    Yes    No   Are you a U.S. citizen? **Mark only one**  
 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   ◊ Other: Please Specify \_\_\_\_\_  
◊ 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.

- |   |  |   |
|---|--|---|
| <b>African American/Black</b><br>◊ U.S./African American<br>◊ African (from African continent)<br>◊ Central or South American<br>◊ Other Black or American Ancestry | <b>Hispanic, Latino, or of Spanish Origin</b><br>◊ Central American<br>◊ Chicano/Mexican American<br>◊ Cuban/Cuban American<br>◊ Puerto Rican<br>◊ South American<br>◊ Other Latino/Hispanic American Ancestry | <b>Asian American/Asian</b><br>◊ Chinese/Chinese American (Inc. Taiwanese)<br>◊ Filipino/Filipino American<br>◊ Japanese/Japanese American<br>◊ Korean/Korean American<br>◊ South Asian (ex: India/Pakistan/Sri Lanka)<br>◊ Vietnamese/Vietnamese American<br>◊ Other South East Asian (ex: Cambodia/Laos)<br>◊ Other Asian/Asian American ancestry |
| <b>Native Hawaiian or Other Pacific Islander</b><br>◊ Guamanian/Chamorro<br>◊ Native Hawaiian<br>◊ Samoan   ◊ Other Pacific Islander Ancestry                       | <b>White/Caucasian</b><br>◊ European / European American<br>◊ Middle Eastern / Middle Eastern American<br>◊ 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 Full Fees?  Yes  No  
 If yes, please indicate which source of funding(s) you received and in what quarter/year you received it:

**Scholarship Information:** Please indicate (check mark the box(s) below) all the Fellowships/Extramural Loan Programs that you wish to be considered. Some Fellowship applicants must be nominated by their departments to be eligible for consideration and or the programs choose recipients. Please review the eligibility requirements for each fellowship before you apply. All Scholarships (except the MEPN Scholarship) listed below have additional form and or additional documents which must be completed. Please check our website for additional information:

- 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.
- Graduate Dean's Health Science Fellowship (PhD)** is awarded as a mark of merit primarily on the basis of scholarship (including GPA), promise of outstanding achievement, and professional contribution.
- Hubert Bell Allen (PhD)** the Hubert Bell Allen Scholarship is of interest to doctoral students studying heart failure and its consequences.
- 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.
- MEPN Scholarship (Entering 1<sup>st</sup> 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.
- Psych. Mental Health NP Student Stipend (MS)** The Psychiatric-Mental Health Nurse Practitioner Student Stipend is financial assistance that is awarded to students pursuing their MS degree (or post-master's certificate) as a Psych.-Mental Health Nurse Practitioner (PMHNP). The stipend is generally received as a fee offset.

Please indicate here if you wish to be considered for Other SON forms of Institutional Aid.  Yes  No

**Specialty Areas/Fields of Study** (Please check off all that apply to you)

- |  |  |
|--|--|
| <input type="checkbox"/> Cardiovascular/Studies Related to Heart Failure | <input type="checkbox"/> Geriatrics                                    |
| <input type="checkbox"/> Community Health                                | <input type="checkbox"/> Community Service                             |
| <input type="checkbox"/> Critical Care                                   | <input type="checkbox"/> Global Health                                 |
| <input type="checkbox"/> Oncology  | <input type="checkbox"/> Midwifery                                     |
| <input type="checkbox"/> ACPNP   | <input type="checkbox"/> Trauma Nursing/ICU                            |
| <input type="checkbox"/> AGPCNP  | <input type="checkbox"/> Occupational and Environmental Health Nursing |
| <input type="checkbox"/> HIV-AIDS  | <input type="checkbox"/> Physiological Nursing                         |
| <input type="checkbox"/> Family Nurse Practitioner                       | <input type="checkbox"/> Symptom Management                            |
|  | <input type="checkbox"/> Other _____                                   |

Are you receiving any outside scholarships/Outside Sources/Employer?  Yes  No

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

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

Will you enroll in UCSF-sponsored health insurance (check one)?  Yes  No  Health Insurance Waiver  Yes  No

If No, what is the source of your coverage (check one)?  Spouse/Partner  Other \_\_\_\_\_

**Certification:** My signature certifies that all of the information on this form is true and complete/accurate 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.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** You can submit the SON Scholarship Application 17/18 via email to [SONStudentFunding@ucsf.edu](mailto:SONStudentFunding@ucsf.edu). Good Luck!!!!