

**Scholarship for Disadvantaged Students (SDS)
Fall 2024 Application**

NAME _____

ADDRESS _____

EMAIL _____

PREFERRED PHONE # _____

UM ID#: C _____

Indicate any financial support, including tuition remission or tuition reimbursement, you will have during the course of this program:

I understand that the SDS stipend can **ONLY** be used for tuition support for **FULL-TIME** study in the University of Miami School of Nursing and Health Studies Adult Gerontology Primary Care Nurse Practitioner or Family Nurse Practitioner program.

I further understand that I must maintain my current enrollment status (full -time) and if I transfer out of this program that I will be responsible for repayment of the tuition stipend funds I have received. I also understand that I must complete at least 50% of my clinical hours in medically underserved areas

Signed: _____ Date _____

SUBMIT THIS APPLICATION ALONG WITH THE FOLLOWING PAGE TO THE OFFICE OF STUDENT SERVICES, sonhs@miami.edu , BY 5:00 PM ON FRIDAY, JUNE 14, 2024.

SDS FALL 2024 Personal Statement Form

USE THIS FORM TO SUBMIT A 1-2 PAGE ESSAY DISCUSSING WHY YOU SHOULD RECEIVE THIS SCHOLARSHIP AND YOUR INTEREST IN PROVIDING PRIMARY CARE AND HOW YOU WILL USE YOUR MSN EDUCATION TO DELIVER HIGH QUALITY, CULTURALLY SENSITIVE PRIMARY CARE FOLLOWING GRADUATION.

Name: _____