**GENERAL INFORMATION:**

Name:

Address:

E-mail:

Preferred Phone Number:

C#:

**ADDITIONAL FINANCIAL SUPPORT:**

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

**ACKNOWLEDGEMENT:**

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

Sign:

Date:

**SUBMISSION AND ESSAY:**

Submit this application along with 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. This application must be submitted via NursingCAS as outlined in the application. If you are unable to submit these documents via NursingCAS, please email them to [sonhs@miami.edu](mailto:SONHS@MIAMI.EDU).