SCHOOL OF HEALTH SCIENCES

 Graduate Scholarships and Awards Application/Nomination Form

2024 – 2025

Please consider applying for the Graduate Scholarships/ Awards (*See descriptions, attached*). If you would like to nominate someone else, please modify the questions so they apply to your nominee. Sign your name at the bottom. Please submit your application/nomination at your earliest convenience, but **NO LATER THAN Feb.5, 2024 11:59 pm**. The application form **must be typed**. Add an additional pages if needed.

NAME of APPLICANT/NOMINEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROGRAM and YEAR YOU ARE CURRENTLY IN (e.g., PhD, 2nd year):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAJOR: **­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cumulative GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When do you expect to graduate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your plans after graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EDUCATION:

HONORS AND AWARDS:

RESEARCH EXPERIENCE:

MENTORING AND TEACHING EXPERIENCES:

PUBLICATIONS:

ABSTRACTS AND PRESENTATIONS:

ORGANIZATIONS (PROFESSIONAL, CAMPUS, COMMUNITY):

OTHER ACTIVITIES, HONORS OR AWARDS (CAMPUS, COMMUNITY, ETC.):

ADDITIONAL COMMENTS (OPTIONAL):

BRIEF STATEMENT: On **an attached separate piece of paper**, please provide a *brief* statement address why you feel you (or the person you nominate) deserve this particular award.

NOMINATOR’S NAME (if nominating someone other than yourself):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_