

**NOVA SOUTHEASTERN UNIVERSITY SCHOOL OF HEALTH SCIENCES
DEAN'S SCHOLARSHIP - PHYSICIAN ASSISTANT**

Funded by NSU-HPD, this program is designed to attract and encourage students to attend NSU.

Amount: Full tuition payment or an apportioned amount of your tuition for one year.
Annual renewal is possible, but it is not guaranteed.

Eligibility: Each entering first year applicant at NSU-HPD must be a U.S. citizen or permanent resident.

Applicant must provide responses to the two questions below with a maximum of 500 words for both questions:

- What kind of hardship have you had in your life and what did you learn from it?
- What are your goals for your career as a Physician Assistant?

Application Window Applications will be accepted beginning June 1 through June 30.

**NOVA SOUTHEASTERN UNIVERSITY
DEAN'S SCHOLARSHIP - PHYSICIAN ASSISTANT APPLICATION**

Please read the program bulletin prior to completion of this application and provide the following information:

Name: _____
(First) (Middle) (Last)

Social Security Number: _____

Permanent and/or Legal Address: _____
(Street)

(City) (County) (State) (Zip)

Phone: _____
(Area Code) (Number)

Mailing Address: _____
(Street)

(City) (County) (State) (Zip)

Phone: _____
(Area Code) (Number)

Place of Birth: _____
(City or Town) (State)

I am applying for this scholarship for the academic year beginning in the Summer/Fall of _____
(Year)

Which year of your education are you in? _____

Please indicate which Physician Assistant program you are applying to:

- | | |
|--------------------------|-----------------|
| <input type="checkbox"/> | Fort Lauderdale |
| <input type="checkbox"/> | Fort Myers |
| <input type="checkbox"/> | Jacksonville |
| <input type="checkbox"/> | Orlando |

1. Have you ever received the Dean's Scholarship before? __ Yes __ No If yes, when? _____

2. I have relevant experience in (check all applicable):

Teaching Health Care Delivery Social Services Delivery
 Other (Explain) _____

3. What specific field of your chosen career path do plan to enter?

4. What location or type of area would you most like to practice in?

My answers in this application are truthful. I have read the Dean's Scholarship Eligibility Information. By signing this application, I accept and agree to all statements contained therein.

(Signature)

(Date)

Please return the completed Dean's Scholarship Application by March 31 by email to:

Rosalyn Rosas (Fort Lauderdale Campus applications): rrosas@nova.edu

Dr. Charlene Couillard (Fort Myers Campus applications): cc1840@nova.edu

Dr. Racheal McInnis (Jacksonville Campus applications): rmcinnis1@nova.edu

Heather Sales (Orlando Campus): heather.sales@nova.edu