TITLE: STUDENT SCHOLARSHIPS

POLICY: The College of Nursing (CON) provides a variety of scholarships to support the education of students.

RATIONALE The College of Nursing faculty wish to support students in their educational efforts and timely completion of the program.

PROCEDURE:

A. Students are encouraged to visit the UF Student Financial Affairs website (http://www.sfa.ufl.edu/) for resources available to support education related expenses.

B. Two applications are required for all students seeking scholarships or financial assistance.

1. The first is the Free Application for Federal Student Aid (FAFSA) completed each year via online submission (http://www.fafsa.ed.gov/).

2. The second is the College of Nursing Scholarship Application (Attachment #1). This application is to be submitted to the Office of Student Affairs.

C. Each year the CON offers a limited number of scholarships to qualified students. Scholarships are awarded based on GPA and other factors. See the Scholarship Application form for required information. All applicants must have completed the equivalent of two semesters of nursing coursework in your respective program of study, with the exception of Traditional BSN and PhD students. Traditional BSN and PhD students may apply for and receive funding when they begin the program. Newly admitted PhD students are eligible for the Graduate School Fellowship program (see Policies: S-4.13 Funding for CON PhD Students and S-5.13 Funding for CON DNP Students)

D. The chart below summarizes application due dates and award decision dates by program.

<table>
<thead>
<tr>
<th>Semester of Award</th>
<th>Program</th>
<th>CON Applications Due*</th>
<th>Notification of Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>New PhD</td>
<td>Upon admission</td>
<td>Two weeks after admission</td>
</tr>
<tr>
<td>Fall</td>
<td>BSN Traditional Track</td>
<td>June 1</td>
<td>July 15</td>
</tr>
<tr>
<td></td>
<td>DNP</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Continuing PhD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spring</td>
<td>BSN Accelerated Track</td>
<td>October 15</td>
<td>November 15</td>
</tr>
</tbody>
</table>

*Late applications can be considered on a case-by-case basis.
E. The Office of Student Affairs (ADSA) will distribute scholarship applications and information to eligible students prior to the due dates each year.

**NOTE: Items F, G, and H apply only to PhD students:**

F. All newly admitted PhD students are eligible for scholarship assistance in the first year of study. Financial resources permitting, support will be offered for all three semesters per Year.

G. Continuing PhD students may also apply for scholarship assistance, which is provided if funding is available. No funding is provided after the fourth year of study. Priority is given to students submitting or resubmitting funding proposals.

H. The Associate Dean for Student Affairs will review all PhD student requests for scholarship support.

I. The Associate Dean for Student Affairs will notify students of the scholarship decision and awards.

<table>
<thead>
<tr>
<th>Review or Approval Authority</th>
<th>Responsible Party</th>
<th>Initial Approval / Review</th>
<th>Most Recent Approval / Review Of Changes</th>
<th>Editorial Changes</th>
<th>Policy A-01 Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approval</td>
<td>*Administrative Council</td>
<td>3/13</td>
<td>11/15</td>
<td>9/20</td>
<td></td>
</tr>
<tr>
<td>Review</td>
<td>Faculty Executive Committee</td>
<td>4/13</td>
<td>1/16</td>
<td>11/20</td>
<td></td>
</tr>
<tr>
<td>Approval</td>
<td>Dean</td>
<td>4/13</td>
<td>1/16</td>
<td>11/20</td>
<td></td>
</tr>
</tbody>
</table>

*Bold indicates committee with A-01 responsibility.*
Eligibility

In order to be considered for College of Nursing scholarships, students must have a FAFSA on file with Student Financial Affairs.

Name: ____________________________ UF ID#: ____________________
Address: ____________________________
Phone: ____________________________ E-mail Address: ____________________________

Academic Status

Nursing GPA: _____ (leave blank if newly admitted) Year Admitted: _________
Current Program: BSN___ DNP___ PhD ___ Full Time___ Part Time ___
Expected date of graduation: Month _____ Year ______
Please list your current clinical specialty if you are in the DNP program ______________
First generation college student? Yes ___ No ___
Are you a Veteran? Yes ___ No ___
Are you the child of a Veteran? Yes ___ No ___

Financial Status

1. Have you applied for financial aid while a student at UF? Yes ___ No ___
2. Have you been awarded financial aid for any semester at UF? Yes ___ No ___
3. Have you applied for financial aid for the next semester? Yes ___ No ___
4. If you have not applied for financial aid at UF, explain why. ____________________________
____________________________________
5. Do you have outstanding student loans? Yes ___ No ___
    If yes, total amount of these loans $ ______________________________

Other Information

6. Describe employment this semester (# hours/week, employer, etc.) ____________________________
7. Briefly state any extenuating circumstances which can be considered in your application.
_______________________________________________________________________________________

8. Describe involvement in professional organizations, community service, and volunteerism.
_______________________________________________________________________________________

9. Describe your career goals upon graduation, including clinical or research specialty focus area.
_______________________________________________________________________________________

10. Please specify your interest areas:
   - Multicultural and Ethnic Diversity in Nursing
   - Men in Nursing
   - LGBTQ+ Communities
   - Public and Community Health Issues
   - Underserved Populations
   - Other: ________________________________________________

This box to be completed by the Financial Aid office:

| Unmet need: __________________________________________ |
| EFC: ________________________________________________ |
| Unmet COA: __________________________________________ |
| Comments: ___________________________________________ |

I certify that the information given on this application is correct to the best of my knowledge. I give permission for my scholarship application materials to be reviewed by appropriate donor representatives and University of Florida Foundation officials, at the discretion of the College of Nursing.

Student's Signature

Date

Return to:
Student Affairs Office
PO Box 100197 HPNP, G220
Gainesville, FL 32610-0197
(352) 273-6331
(352) 273-6440 Fax