**UNIVERSITY OF FLORIDA COLLEGE OF NURSING Application for Stechmiller Fellowship for PhD Students**

(Awarded annually at Nursing Research Summit)

**Applicant Data**

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| --- | --- | --- | --- |
| Name: |   | UF ID#: |   |
| Address: |   | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

 E-mail Address: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| **Academic Status** |
| Nursing GPA: \_\_\_\_\_\_\_  |  |  | Year Admitted: |
| Current Program:  | PHD  | FT or PT | Dissertation Chair: |

 Have you entered Candidacy? Yes or No

**Other Program Information**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 scholarships while at CON?4. Have you been awarded any scholarships for PhD study? Is so please describe: | YesYes | □□ | No □No □ |
| 5. Do you have any outstanding student loans? | Yes | □ | No □ |
| If yes, what is the total amount of these loans? | $ |  |  |

6. Describe any current employment this semester (if applicable)

7. Describe any involvement in professional organizations/community service.

8. Describe your career goals upon graduation.

9. List the title of your dissertation:

10. ATTACH an abstract of your dissertation

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: Mailing Pauzauskie, Office of Student Affairs,** **mpauzauskie@ufl.edu** **(352) 294-8086 (fax)**