



College of Health and Public Affairs
Health Resources and Services Administration Scholarship
Application for Fall 2009/Spring 2010
APPLICATION DEADLINE FOR FALL: SEPTEMBER 15, 2009

Name: _____ PID _____
 (Last, First, MI)

Academic Program: (choose one)

- | | |
|--|--|
| <input type="checkbox"/> Communication Science and Disorders BA/BS | <input type="checkbox"/> Health Services Administration MS |
| <input type="checkbox"/> Communication Sciences and Disorders MA | <input type="checkbox"/> Radiological Sciences BS |
| | <input type="checkbox"/> Social Work MSW |

Eligibility Checklist (circle YES/NO)

- | | | |
|--|------------|-----------|
| Are you a U.S. Citizen or permanent resident*
<small>(*Includes United States, the Commonwealth of Puerto Rico, Northern Mariana Islands, Virgin Islands, Guam, American Samoa, Trust Territory of the Pacific Islands, Republic of Palau, Republic of Marshall Islands or the Federated State of Micronesia)</small> | YES | NO |
| Do you plan to enroll full-time for Fall 2009 and Spring 2010?
<small>(Must meet full-time enrollment requirement for your academic program)</small> | YES | NO |
| Are you in good academic standing at UCF (continuing students only)? | YES | NO |
| Does parental income fall within the disadvantaged category on the attached "Health and Human Services Income Guidelines"? | YES | NO |

If you answered NO to any of the above questions, you are not eligible for the SDS program.

Requirements for Disadvantaged Status (circle YES/NO)

Eligibility for this scholarship program is based on federal low-income guidelines. All applicants must provide parental income data, regardless of student's age, marital status or dependency status.

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|--|------------|-----------|
| Did you submit a FAFSA for 2009-10? | YES | NO |
| Are you considered "Dependent" for FAFSA purposes (if No, complete next question)? | YES | NO |

Independent students only: Applicants who are "Independent" for FAFSA purposes must provide parental income data in one of two ways: Please indicate how you will provide that data (check one):

- Completed the "parental income section" of the FAFSA _____
- Attached a copy of parents' 2008 Federal Income Tax return to this application _____

Information requirements after graduation:

The College of Health and Public Affairs is required to track and report employment information regarding scholarship recipients after their graduation. As a recipient of this scholarship, you agree to provide address and employment information for one year after graduation.

Student Signature: _____ Date: _____

Submit application and required documentation by 5:00 p.m. on September 15, 2009 to:

HRSA Scholarship, Attn: Ranetta Guinn,
 College of Health and Public Affairs, HPA 1, Room 343
 PO Box 162200, Orlando, FL 32815-2200
 or FAX to: 407-823-4895