

**FOUNDATION OF UMDNJ – SCHOOL OF HEALTH RELATED PROFESSIONS
GENERAL SCHOLARSHIPS**

Dear Scholarship Applicant:

Thank you for applying for a scholarship from UMDNJ School of Health Related Professions. We truly appreciate the opportunity to learn more about you, your goals and dreams, and we hope we will be able to assist you to realize them.

Before you complete your application, please read about our SHRP scholarships including the eligibility criteria for each scholarship at http://shrp.umdj.edu/admissions/documents/Scholarship_Table.pdf. Please indicate on your application the name of the scholarship(s) for which you are applying. Preference in awarding scholarship will be given to U.S. citizens.

To apply for SHRP scholarships, you must complete the following steps:

1. Complete application in full. Incomplete applications are automatically disqualified. If you are applying for a scholarship that is based on financial need, complete a FAFSA form. This form must be completed on-line. Additional information is available at <http://www.umdj.edu/studentfinancialaid>.
2. Provide a one to two-page Personal Statement with your application. In your statement, discuss your professional goals, and how receiving the scholarship would facilitate completion of the degree. Include your contributions to the field and any special circumstances that you would like the Committee to consider when reviewing your application. It is highly desirable, although not required, to send your resume with your Personal Statement and application.
3. Submit official transcripts of all undergraduate and graduate work. If you previously or currently attend the UMDNJ, please contact the school's Registrar or Office of Enrollment Services to request for an unofficial student transcript.
4. Submit application along with all transcripts by June 1st to the attention of Cheryl White, Associate Director of Student Financial Aid, Administration Complex Room 1208, PO Box 1709, Newark, NJ 07107. Ms. White may be contacted at

973-972-4376 or by e-mail at cwhite@umdnj.edu.

If you have any questions regarding your scholarship application, please contact Donna Cifelli in the Deans office at 973-972-6507. If you are selected to receive a scholarship, the UMDNJ Foundation and the Office of Enrollment Services will notify you during the summer. Scholarship awards will be credited to your account ten days before the start of the fall semester.

Sincerely,

Julie O'Sullivan Maillet, Ph.D., R.D.
Interim Dean

FOUNDATION OF UMDNJ - SHRP SCHOLARSHIP PROGRAMS – GENERAL APPLICATION

Candidate Information for General Scholarships

GENERAL INFORMATION:

First Name: _____ Last Name: _____

U.S. Citizen: Yes No

Please consider me for all possible scholarships. I am submitting a FAFSA form.

Please consider me for all scholarships that do not require financial need. I am not submitting a FAFSA form.

Please consider me for only the following scholarships listed below.

SHRP Scholarships:



**SCHOOL OF HEALTH
RELATED PROFESSIONS**
University of Medicine & Dentistry of New Jersey

Office of the Dean

Julie O'Sullivan Maillet, PhD
Interim Dean

CONTACT INFORMATION:

Permanent Residency Address:

Mailing Address: Same as Permanent Address

Home Phone: -----

Alternate/Cell/Work Phone: -----

E-mail Address: -----

STUDENT STATUS INFORMATION:

Program: ----- Degree: -----

Classification: Entering Student Continuing Matriculating in Program

Student Type: Undergraduate-Level Graduate-Level

Year in Program: First Second Third Fourth Fifth or more

Number of Credits Completed: -----

Student Status: Full-Time Part-Time

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FINANCIAL INFORMATION:

Employer Tuition Assistance: Yes No

If yes, amount: _____

Any other sources of student assistance such as loans, grants, scholarships, etc. - Please list:

Type/Source of Assistance:	Amount

What is your total educational loan indebtedness including undergraduate loans? _____

What is your anticipated income while in our program? _____

What is your current income? Amount_____ Not Applicable_____

What is your partner's income? Amount_____ Not Applicable_____

Have you previously received any scholarship awards (If so, indicate name of scholarship and amount)_____

STUDENT ACTIVITIES:

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(List activities including undergraduate and graduate awards/honors):

COMMUNITY ACTIVITIES (examples, volunteering, Special Olympics):

EMPLOYMENT INFORMATION:

Name of Employer	Position (describe roles)	Dates of Employment	Hours Worked

APPLICANT COMMENTS:

See Additional Page if further comments.

APPLICANT CHECKLIST: (Be sure to submit the following):

- APPLICATION
- PERSONAL STATEMENT
- RESUME (optional)
- OFFICIAL TRANSCRIPTS SENT

Check box at left if you would like for us to provide your name and address to your local newspaper if have been selected as a scholarship recipient. (If checked, please indicate name of newspaper below)

Signature of Applicant

Date
