



Stony Brook School of Nursing

SCHOLARSHIPS FOR DISADVANTAGED STUDENTS (SDS) APPLICATION – CURRENT ‘LAST YEAR’ STUDENTS

The Scholarships for Disadvantaged Students (SDS) program at Stony Brook University School of Nursing, administered by the Department of Health and Human Services (HHS), provides scholarships to full-time nursing students from environmentally OR educationally disadvantaged backgrounds (only ONE of these two criteria is required – see Section D and E below) who are pursuing Advanced Practice Registered Nurse (APRN) roles. Additional information regarding the Scholarship for Disadvantaged Students (SDS) may be found online at <https://nursing.stonybrookmedicine.edu/currentStudents> (current students).

Section A – Student Information

Last Name: _____ First Name: _____ M.I.: _____

School Email: _____ Permanent Email: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Are you a United States Citizen or National? Yes No

Master of Science APRN Track: Pediatrics Adult/Gero Family Psych/Mental Health Midwifery Other _____

Program Director: _____

Section B – SDS Application Requirements

FAFSA (check ONE box, as applicable):

- I have submitted a Free Application for Federal Student Aid (FAFSA) to the Federal Processor. Although the Department of Education does not require parental information for graduate students, parental information is required by HHS. This parental information will not be used by the Department of Education to determine federal aid eligibility.
- I will be submitting a FAFSA to the Federal Processor within one week of signing this application.

GRADUATION STATUS (check ONE box, as applicable):

- I am a LAST YEAR student and intend to complete my program and earn a MS degree in May 2019.
- I am a LAST YEAR student and intend to complete my program and earn a MS degree in _____.
- I am NOT a LAST YEAR student. Anticipated graduation month/year _____.

Section C – SDS Voluntary Information

PLEASE NOTE: Stony Brook University is requesting the following student-reported information for administrative and statistical reporting purposes. If you are awarded funding from any HHS source, you must agree to maintain contact with your respective financial aid office (or school representative) for a period of no less than 5 years. The information *requested below* will be given to the Health Resources Services Administration-HRSA, which will be used to provide justification for SBU to be awarded additional scholarship/grant funding for future awards.

Date of Birth: ___/___/_____ **Sex:** Female Male

New York Residency Status: New York Resident Non-resident

Veteran Status: Are you a veteran of the U.S. Armed Forces? Yes No

Race and Ethnicity: Do you consider yourself to be of Hispanic/Latino descent? Yes No

In addition, select one or more of the following racial categories to best describe you:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Intent to Practice:

Do you have any intention to practice in a primary care type of practice following graduation? Yes No

Do you have any intention to practice in a medically underserved community, health professional shortage area (HPSA), or rural area following graduation? Yes No

Section D – Environmentally/Educationally Disadvantaged Background

Environmentally/educationally disadvantaged means an individual came from an environment that has inhibited the individual from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a health professions school.

I do not qualify for the SDS Scholarship under criteria for environmentally/educationally disadvantaged background. (For qualifying criteria, see section E)

I qualify for the SDS Scholarship because of my environmentally/educationally disadvantaged background as outlined below (check all below that apply):

- I graduated from a high school with low average SAT/ACT scores or below average State test results, based on recent data.
- I graduated from a high school where a low percentage of seniors receive a high school diploma, or a low percentage of graduates go to college during the first year after graduation, based on recent data.
- I graduated from a high school with low per capita funding, based on recent data.
- I graduated from a high school where many of the enrolled students (>30%) are eligible for free or reduced price lunches, based on recent data.
- I come from a family that received public assistance (e.g.: Aid to Families with Dependent Children, food stamps, Medicaid, public housing).
- English is not my primary language and language is still a barrier to my academic performance.
- I am the first generation in my family to attend college.
- OTHER: _____

Section E – Economically Disadvantaged Background

Economically disadvantaged means that an individual has a family with an annual income below the poverty level, based on low-income thresholds, according to family size established by the U.S. Bureau of the Census and Department of Health and Human Services, adjusted annually for changes in the Consumer Price Index and adjusted by the Secretary of Health and Human Services for adaptation to this program (<http://aspe.hhs.gov/poverty/15poverty.cfm>).

- I do not qualify for the SDS Scholarship under criteria for economically disadvantaged background. (For qualifying criteria, see section D).
- I qualify for the SDS Scholarship because of my economically disadvantaged background.

Section F – Other Awards and Conditions

Check all boxes, as applicable:

- I have been advised that the scholarship may have an impact on my receipt of other financial aid awards, tuition waivers or federal loans. If I have any additional financial questions or concerns, I have been directed to contact the Health Sciences Office of Student Services (OSS) at (631) 444-2111 or email hscstudentservices@stonybrook.edu.
- I am aware that the responsibility for finding clinical placement falls upon the student. Failure to secure clinical placement in a timely manner may result in alteration of program pathway and result in loss of the SDS Scholarship.
- I am aware that submission of this application does not constitute award of SDS Scholarship. Awards will be allocated, based upon limited availability, following review of application, FAFSA form, and academic performance by Dr. Rohan, APRN Program Director, and Office of Student Services.

Section G – Student Signature

By signing this application, I certify that all the information contained herein is **true and complete** to the best of my knowledge. I do hereby consent to the release of information concerning my academic, professional and financial status to HHS and to the Health Resources & Services Administration-HRSA.

STUDENT SIGNATURE: _____ DATE: _____

Signed forms are to be returned (by email scan) for review and processing to:

Theresa Wenz
School of Nursing, Stony Brook University
Health Sciences Center – Level 2-247
Stony Brook, New York 11794-8240

Email: Theresa.wenz@stonybrook.edu