



# UNIVERSITY OF ST. AUGUSTINE

## FOR HEALTH SCIENCES

### Scholarships

The University of St Augustine provides two types of scholarships to all new students enrolling in the entry-level programs (DPT, MOT, Dual Degree, Flex DPT and Flex MOT) on the California, Florida and Texas campuses: Outstanding Academic Achievement and Leadership Scholarship, and Financial Need. University of St. Augustine scholarships are to be used for tuition and fees only. Information on each follows:

#### Scholarship Application Deadline Dates

- February 15<sup>th</sup> – Summer Term
- June 15<sup>th</sup> – Fall Term
- October 15<sup>th</sup> – Spring Term

#### Outstanding Academic Achievement and Leadership Scholarship\*

The University awards these scholarships in recognition of outstanding academic achievement and leadership potential. The top applicant that meets the criteria from each of the three full-time campus/blended, entry-level programs - Occupational Therapy, Physical Therapy, and Dual Degree - will receive a \$6,000.00 (per academic year) scholarship. An additional recipient from each program will receive a \$2,000.00 (per academic year) award. The top applicant that meets the criteria from the Flex DPT and Flex MOT program will receive \$4,500.00 (per academic year) and an additional recipient from each Flex program will receive \$1,500.00 (per academic year).

Scholarships are awarded to the entering students who best meet the following criteria:

- Minimum 3.5 GPA on **program prerequisites**
- A one-page essay on "My Leadership or My Life Experiences"
- A review of references from their application indicating leadership potential
- Minimum GRE score (verbal and quantitative sections scores combined) of 1000 (old version) or 294 (new version)

#### Financial Need Scholarship\*

These scholarships based on financial need. The top applicant that meets the criteria from each of the three full-time campus/blended, entry-level programs - Occupational Therapy, Physical Therapy, and Dual Degree - will receive a \$4,000.00 (per academic year) scholarship. An additional recipient from each program will receive a \$2,000.00 (per academic year) award. The top applicant that meets the criteria from the Flex DPT and Flex MOT program will receive \$3,000.00 (per academic year) and an additional recipient from each Flex program will receive \$1,500.00 (per academic year).

**Financial Need scholarships are awarded to the entering students who best meet the following criteria:**

- Minimum 3.0 GPA on **program prerequisites**
- A one-page essay on "Why I Feel I Should Be Awarded A Scholarship"
- Review of references from their application
- Minimum GRE score (verbal and quantitative sections scores combined) of 1000 (old version) or 294 (new version)
- Evidence of financial need determined by a review of a copy of most recent income tax return and a completed Financial Need Estimator form

**To retain a University scholarship, a recipient must:**

- Remain a full-time student in the applicable degree program. Scholarships are not transferrable to another University degree program.
- Remain enrolled each trimester in all courses in the established curricular pathway for the applicable program. Withdrawing from a course(s) would remove a student from the established curricular pathway causing him/her to be ineligible for the scholarship for the subsequent trimester.
- Be in good academic standing as defined in the student handbook at the end of each trimester.

If a recipient does not meet any of these requirements, he/she will be ineligible for the scholarship award for the subsequent trimester. The scholarship would be reinstated the following term if the student again meets the requirement.

**\*The University reserves the right to make changes to scholarship awards.**



## University Scholarship Form

Check the appropriate box(es) to be considered for a University of St. Augustine scholarship. Please note: An individual can only be awarded one scholarship.

I meet the requirements for the Outstanding Academic Achievement and Leadership Scholarship. Please consider my application for this award.

I meet the requirements for the Financial Need Scholarship. Please consider my application for this award.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Program                      Term

## University of St. Augustine for Health Sciences Financial Need Estimator Form

*Please print*

1. Name (Last, First, MI) \_\_\_\_\_
2. Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
3. Date of Birth (Mo/Day/Year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
4. Are you a veteran of the U.S. Armed Forces?     \_\_\_yes           \_\_\_no
5. Are you married?                                     \_\_\_yes           \_\_\_no
6. Do you currently have a student loan?           \_\_\_yes           \_\_\_no  
If yes, what is the amount of that loan? \_\_\_\_\_
7. Do you have legal dependents other than a spouse?     \_\_\_yes           \_\_\_no

### Student Data

### Parent Data

(Only complete if your parents claim you as a dependent)

- |  |   |   |
|--|---|---|
| 8. Marital Status (check one)                    | <input type="checkbox"/> Single (1)<br><input type="checkbox"/> Married (2)<br><input type="checkbox"/> Separated (3) | <input type="checkbox"/> Married (1)<br><input type="checkbox"/> Single (2)<br><input type="checkbox"/> Sep/Div (3)<br><input type="checkbox"/> Widowed (4) |
| 9. Number in Family                              | _____   | _____   |
| 10. Number in College                            | _____   | _____   |
| 11. Legal State of Residence                     | _____   | _____   |
| 12. Tax form used (enclose copy)                 | <input type="checkbox"/> 1040A/EZ (1)<br><input type="checkbox"/> Standard 1040(2)                                    | <input type="checkbox"/> 1040A/EZ (1)<br><input type="checkbox"/> Standard 1040 (2)   |
| 13. Total # of Exemptions                        | _____   | _____   |
| 14. Adjusted Gross Income                        | \$ _____  | \$ _____  |
| 15. U. S. Income Tax Paid                        | \$ _____  | \$ _____  |
| 16. Income from Work                             | \$ _____ (student)<br>\$ _____ (spouse)   | \$ _____ (father)<br>\$ _____ (mother)  |
| 17. Social Security Benefits                     | \$ _____  | \$ _____  |
| 18. Other untaxed income/benefits                | \$ _____  | \$ _____  |
| 19. Title IV Income Exclusions                   | N.A.  | N.A.  |
| 20. Cash, Savings, Checking                      | \$ _____  | \$ _____  |
| 21. Real Estate and Investment Equity (not home) | \$ _____  | \$ _____  |
| 22. Business Equity                              | \$ _____  | \$ _____  |
| 23. Farm Equity                                  | \$ _____  | \$ _____  |