



School of Health Related
Professions

Gwendolyn M. Mahon, Ph.D.
Dean

SHRP GENERAL SCHOLARSHIPS

Dear Scholarship Applicant:

Thank you for applying for a scholarship from Rutgers 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.rutgers.edu/prospective_students/admissions/admissions10_scholarships.html. Preference in awarding scholarship will be given to U.S. citizens.

To apply for SHRP scholarships, you must be a matriculated student and complete the following steps:

1. Complete application in full by the appropriate deadline. Please be sure you put your name on each page of the application and personal statement. Incomplete and late applications will be automatically disqualified.
2. If you are applying for a scholarship and want to have financial need considered, complete a FAFSA (Free Application for Federal Student Aid) form. This form must be completed on-line. This does not need to be sent with the application. Additional information is available at http://rbhs.rutgers.edu/studentfinancialaid/index_new_brow.htm
3. Provide a one to two-page only 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 (limited to two pages) with your Personal Statement and application.
4. Submit official transcripts of all undergraduate and graduate work. To request an official student transcript if you have attended Rutgers School of Health Related Professions, visit transcripts.rutgers.edu and click on the middle box titled "(Formerly UMDNJ) Rutgers Biomedical and Health Sciences Students." Transcripts can be sent separately from the application and personal statement. Please be sure you list the transcripts you are submitting. The transcript of the completed studies for the degree which you are currently enrolled is required.
5. Submit application, personal statement and resume (optional) along with all official transcripts (can be sent separately) by June 1st to the attention of Pearl McMillan, Campus Director of Student Financial Aid, Administration Complex Room 1208, PO Box 1709, Newark, NJ 07107. Ms. McMillan may be contacted at 973-972-4376 or by e-mail at pmcmilla@ca.rutgers.edu

If you have any questions regarding your scholarship application, please contact Douglas Lomonaco in the Office of Student Affairs at douglas.lomonaco@shrp.rutgers.edu. Selected scholarship recipients will be contacted by the Foundation by the end of August via email. Scholarship awards will be credited to your student account by early September.

Sincerely,

Gwendolyn M. Mahon, Ph.D.
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**SCHOOL OF HEALTH RELATED PROFESSIONS SCHOLARSHIP PROGRAMS
GENERAL APPLICATION**

Candidate Information for General Scholarships

GENERAL INFORMATION:

A # _____ Program: _____

First Name: _____ Last Name: _____

U.S. Citizen: ___Yes ___No

___Yes ___No I am submitting a FAFSA form (required if applicant wants to have financial need considered)

CONTACT INFORMATION:

Permanent Residency Address:

Mailing Address: (please provide if different from above)

Home Phone: _____

Alternate/Cell/Work Phone: _____

E-mail Address: _____

First Name: _____ Last Name: _____



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STUDENT STATUS INFORMATION:

Program: _____ Degree: _____

Classification: Entering Student Continuing

Matriculating in Program Non-Matriculating

Student Type: Undergraduate-Level Graduate-Level

Year in Program: First Second Third Fourth or more

Number of Credits Completed: _____

Student Status: Full-Time Part-Time

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

COMMUNITY ACTIVITIES *(examples, volunteering, Special Olympics):*

First Name: _____ Last Name: _____



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EMPLOYMENT INFORMATION:

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

FINANCIAL INFORMATION SECTION (OPTIONAL): REQUIRED ONLY IF A FAFSA FORM IS BEING SUBMITTED.

Employer Tuition Assistance: __Yes __No

If yes, amount: _____

Any other sources of student assistance such as loans, grants, scholarships, etc. that you are expecting to receive for the upcoming academic year - 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 _____

First Name: _____ Last Name: _____



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What is your partner's income? Amount _____ Not Applicable _____

Have you previously received any scholarship or grant awards (If so, indicate name of scholarship or grant, amount, institution you were attending and the year or years to which this applied)

APPLICANT COMMENTS:

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

- APPLICATION (be sure name is on each page in footer)
- PERSONAL STATEMENT (limit to 2 pages)
- OFFICIAL TRANSCRIPTS SENT (please list in comments) (can be sent separately)
- RESUME (optional) (limit to 2 pages)
- FAFSA (optional) (can be sent separately)

Please review for accuracy as incomplete applications will not be considered.

Signature of Applicant

Date

First Name: _____ Last Name: _____