

Armstrong State University

2017-2018 Application for Scholarships for Disadvantaged Students (SDS) Application for Selected Health Professions Programs

BEFORE YOU APPLY PLEASE READ CAREFULLY

The Scholarships for Disadvantaged Students (SDS) program provides scholarships to full-time, financially needy students from disadvantaged backgrounds, enrolled in selected health professions programs. Programs awarded SDS funds for 2017-2018 are:

Medical Laboratory Sciences (MLS)

Master of Public Health (MPH)

Complete applications must be received by 5PM on Friday, August 18, 2017 to allow award amounts to be disbursed based on greatest financial need in accordance with Federal guidelines. No financial aid awards may exceed the estimated cost of attendance, and applicants should be advised that student loans may be reduced to accommodate SDS awards. Awards will be applied to the main attendance terms, Fall and Spring, but can be applied to Summer as funding allows. As funding is limited, eligibility for funding does not guarantee a financial award.

Eligible Applicants:

- **From an economically disadvantaged background** as defined by the U.S. Department of Health and Human Services. An individual from a disadvantaged background is defined as one who comes from an environment that has inhibited the individual from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions school; or from a program providing education or training in an allied health profession; or comes from a family with an annual income below a level based on low income thresholds according to family size published by the U.S. Bureau of Census, adjusted annually for use in health profession programs.
 - Students are considered independent if they are at least 24 years old and have not been listed as a dependent on their parents' income tax for three or more years. If students do not meet this requirement, they are considered dependent. The student's and/or student's family income will be used to determine eligibility.
 - Dependent applicants must complete the "parental income section" of the Free Application for Federal Student Aid (FAFSA) at www.fafsa.ed.gov. Dependent students must also attach three prior years of Federal tax returns for both the student and parent. Students deemed independent for FAFSA purposes, may not be considered independent for SDS purposes.
 - Independent students must attach three prior years of Federal tax returns and complete the FAFSA at www.fafsa.ed.gov.

Eligible Applicants Continued:

- **From an educationally disadvantaged background** as defined by the U.S. Department of Health and Human Services. This individual is from an environment that has inhibited them from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions or nursing school (Environmentally Disadvantaged). The following are examples of “Environmentally Disadvantaged” for guidance only and are not intended to be all inclusive.
 - Person graduated from high school with low average SAT/ACT scores or below the average State test results.
 - Person from a high school where a low percent graduated or go to college after first year of graduation.
 - Person graduated from a high school with a low per capita funding.
 - Person from a high school where at least 30 percent of enrolled students are eligible for free or reduced price lunches.
 - Comes from a family that receives public assistance (e.g. AFDC, food stamps, Medicaid, public housing).
 - First generation in family to attend college
 - **Students from educationally disadvantaged backgrounds must demonstrate significant financial need as determined from the attached three prior years of Federal tax returns and completed FAFSA found at www.fafsa.ed.gov.**
- **A citizen, national, or a lawful permanent resident of the United States** or the District of Columbia, the Commonwealths of Puerto Rico or the Marianas Islands, the Virgin Islands, Guam, the American Samoa, the Trust Territory of the Pacific Islands, the Republic of Palau, the Republic of the Marshall Islands, and the Federated State of Micronesia.
- **Enrolled FULL TIME (at least 12 credit hours in MLS and 6 credit hours in MPH)** in a program leading to a degree in one of the approved health professions programs.
- **Fully and regularly admitted to the approved program** in the term for which the student seeks funding. Currently admitted students will take precedence over students with future admission dates for an approved program.
- **Successful completion of courses following an approved program of study.** Students awarded SDS funds will have their grades reviewed at the end of each semester to determine eligibility for future awards. Students must complete with a grade of C or better in each course. A grade of W, WH, WF, V (audit), F, U, I, IP, and NR is not considered successful course completion. Upon the end of term review, **unsuccessful course completion by the recipient will result in *ineligibility for all future SDS funds*** and those funds will be reallocated to other eligible applicants. **Students are responsible for checking grades and the accuracy of information on the SHIP Permanent Student Record via Port of Armstrong, as this may affect eligibility.**

Application Procedures:

Please keep the application and all pages together as one document. Send original pages of your application and forms to **Armstrong State University, 11935 Abercorn Street, Burnett Hall Room 113, Savannah, GA 31419, Attention: SDS Principal Investigator, or deliver the forms to the Principal Investigator, Burnett Hall, Room 113.** You may contact the Principal Investigator with any questions at (912) 344-2896. All applications received will be forwarded to the Office of Financial Aid once complete. Incomplete applications and forms cannot be processed. If the applicant's application is incomplete or the applicant is determined ineligible for SDS, he/she will be notified via his/her official Armstrong student email account. **Applications will continue to be reviewed until funding is no longer available.** Please note that funds are disbursed according to eligibility and availability; once those funds are exhausted, any pending applications, even for eligible students who have applied within the appropriate time frame, will not be funded.

Instructions to the Applicant:

1. Complete items below in blue or black ink
2. Complete all requirements for eligibility
3. Read and sign the student certification
4. Must have the application notarized
5. Deliver or mail the application to the Principal Investigator once complete
6. Attach the following:
 - 3 prior years of Federal tax returns and/or statements from the IRS that they were not required to file taxes
 - Letter of enrollment from major advisor
 - Copy of unofficial Armstrong transcript

Part I: To be Completed by the Applicant

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

ID Number: _____ Birth Date: _____ Gender: Male Female
(MM/DD/YYYY)

Permanent Address: _____
(Street) (Apt. #)

(City) (State) (Zip)

E-Mail: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Name of High School and year from which you graduated or last attended if completed GED:

(City) (State) (Zip) (Country)

Please indicate, to the best of your knowledge, the number of hours you plan to enroll each semester:

Fall 2017: _____ Spring 2018: _____ Summer 2018 : _____
(# of Hours) (# of Hours) (# of Hours)

I am enrolled in the following program: (check one)

Health Profession Programs

Master of Public Health

Medical Laboratory Sciences

Part II: Student Affidavit of Certification

Student eligibility requirements as follows:

Yes ____ No ____ I have completed the 2017-2018 FAFSA.

Yes ____ No ____ I am a U.S. citizen or eligible non-citizen.

Yes ____ No ____ I am enrolled in FULL TIME coursework that is necessary to begin a career in health professions.

Yes ____ No ____ I come from an *Economically Disadvantaged* family with a low income based on my family's size. (Please refer to the Poverty Table below.)

Table 1: Poverty Table –

Persons in family/household	Poverty guideline
1	\$24,120
2	32,480
3	40,840
4	49,200
5	57,560
6	65,920
7	74,280
8	82,640
For families/households with more than 8 persons, add \$8,320 for each additional person.	

Yes _____ No _____ I come from an *Educationally/Environmentally Disadvantaged* background defined by the criteria listed below. An educationally disadvantage environment has inhibited the individual from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession. Please check all criteria that apply to you:

- I am the first generation in my family to attend college.
Highest educational level of father _____
Highest educational level of mother _____
- I am a student for whom English is not my primary language, it is: _____
- I graduated from a secondary school/high school outside of the U.S. Please specify country: _____.
- Did you receive any kind of financial (e.g., scholarship, church, or government assistance, etc.) or non-financial (e.g., housing, transportation, etc.) assistance to attend high school other than from your family?

If yes, please describe source (provide documentation if possible):

- I have a diagnosed physical or mental impairment that requires academic accommodations. ***Please attach verification.***
- I come from a family that receives public assistance (e.g., Temporary Aid to Needy Families, food stamps, Medicaid, public housing). ***Please attach verification.***
- I received an Adult High School (AHS) Diploma or GED.
- I graduated from a high school where many of my classmates had low ACT/SAT scores.
- I graduated from a high school in which a low percentage of many students received their high school diploma.
- I graduated from a high school from which a low percentage of the graduates went on to college during the first year after graduation.
- I graduated from a high school that received low per capita (i.e., individual/person) funding.
- I graduated from a high school where many of the enrolled students received free or reduced price lunches.
- I do not meet any of the above criteria, but believe that my background meets the definition of environmentally disadvantaged. **NOTE: If this box is checked, you must attach a letter and supporting documentation specifying your rationale.**

Yes _____ No _____ I understand a final review of eligibility will be conducted by the Offices of the Primary Investigator and Financial Aid.

Yes _____ No _____ I understand I must remain enrolled and maintain satisfactory academic progress in the selected program to receive this scholarship.

AFFIDAVIT

I _____ the undersigned applicant, declare
Applicant's full name
that all of the information provided in this application for the Scholarship for Disadvantaged Students in Selected Health Profession Programs is true and correct.

Applicant's Signature

Date

Notary's Signature

Date Notarized

My commission expires _____

NOTARY SEAL

<p>Office of Principal Investigator Only Date: _____ Received by (initial): _____</p>
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Part III: To be completed by the Principal Investigator located in Burnett Hall, Room 113.

Undergraduate Graduate Major: _____

I hereby certify that the applicant appears to meet the student eligibility requirement and is currently enrolled in a Health Professions Program at this institution. I also certify that the above application has been notarized indicating that it is true and complete. With my signature I authorize the Office of Financial Aid to determine the financial need of the student and to issue a financial award to the student that is in keeping with the guidelines established by HRSA for the awarding of SDS funds.

Name of Principal Investigator

Signature of Principal Investigator

Title

Date