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 2015-2016 are:

**Master of Health Services Administration (MHSA)**  
**Master of Public Health (MPH)**

Complete applications must be received by 5PM on Friday, August 7, 2015 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 a 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, skill, 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](http://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](http://www.fafsa.ed.gov).
Eligible Applicants Continued:

• 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 6 credit hours) 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. Deliver the application to the College of Health Professions once complete
5. 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: _______________________________________________________________

                                          (City)     (State)    (Zip)

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

Fall 2015: _______  Spring 2016: _______  Summer 2016: _______
    (# of Hours)       (# of Hours)       (# of Hours)

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

Graduate Health Profession Programs
    ☐ Public Health         ☐ Health Administration
Part II: Student Certification

I certify that I meet the student eligibility requirements as follows:

- I have completed the 2015-2016 FAFSA.
- I am a U.S. citizen or eligible non-citizen.
- I am enrolled in FULL TIME coursework that is necessary to begin a career in health professions.
- I come from a family with a low income based on my family’s size. (Please refer to the Poverty Table below.)
- I certify that this application is correct and true to the best of my knowledge.

<table>
<thead>
<tr>
<th>Persons in family/household</th>
<th>Poverty guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$23,540</td>
</tr>
<tr>
<td>2</td>
<td>31,860</td>
</tr>
<tr>
<td>3</td>
<td>40,180</td>
</tr>
<tr>
<td>4</td>
<td>48,500</td>
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<td>5</td>
<td>56,820</td>
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<td>6</td>
<td>65,140</td>
</tr>
<tr>
<td>7</td>
<td>73,460</td>
</tr>
<tr>
<td>8</td>
<td>81,780</td>
</tr>
</tbody>
</table>

For families/households with more than 8 persons, add $8,320 for each additional person.

Part III: To be completed by the Principal Investigator located in Burnett Hall, Room 113.

☐ Graduate

Major: __________________________________________

I hereby certify that the applicant has met the student eligibility requirement and is currently enrolled in a Health Professions Program at this institution and that the above is true, correct and complete to the best of my knowledge and belief.

_________________________________________       _____________________________________________

Name of Certification Official       Signature of Certification Official

_________________________________________        _____________________________________________

Title       Date