

2018-19 Scholarship for Disadvantaged Students

Student

Legal Name _____ MUID: _____

I, _____,
(Student name)

Hereby attest that I will continue my studies in the *Nursing/Dental program*, I will remain a full-time student during the enrollment period of my SDS award and will complete my degree in this program.

Please Check Appropriate Program

☐ Dental Students – Additional Requirements
Must remain in good clinical and academic standing

or

☐ Nursing Students- Additional Requirements
Additionally, I understand that I must also be an active member of Project BEYOND-2, offered through Marquette University College of Nursing to be eligible for this scholarship. Your responsibilities as an active member are:

- Enrollment and active participation in Project BEYOND-2,
- Attendance at 70% of the Project BEYOND-2 program activities,
- Involvement in the BEYOND-2 Nurse Mentor Program,
- Attend periodic meetings with Mentor/Advisor Specialist or Project Coordinator

Signature

I understand it is my obligation to return the SDS funds in full to the school if do not meet the agreed upon requirements.

Signature: _____ Date: _____

***PLEASE MANUALLY SIGN WITH A BALLPOINT PEN.
FORMS WITH DIGITAL/ELECTRONIC/TYPED SIGNATURES CANNOT BE ACCEPTED AND WILL BE RETURNED***

The intent of the Scholarship for Disadvantaged Students is to provide funding to full-time students in the Marquette Dentistry/Nursing programs who are from a disadvantaged background as defined in Section 722 of the Public Health Service Act. Due to an increase in funding and individual student awards, the school is now obligated to ensure student recipients are aware of the conditions of this award.