

University of Florida
College of Public Health and Health Professions
Financial Aid Application Form

Note: A separate set of materials, including this application form, must be provided for each scholarship for which you apply.

Scholarship Information		
Using the list below, enter the number corresponding to the scholarship for which you are currently applying _____		
1. Judson A. Clements Memorial Scholarship (Deadline: February 10,2017) 2. Michelle Brooks-Yeats Scholarship (Deadline: February 10,2017) 3. Anna F. Gutekunst Scholarship (Deadline: February 10,2017) 4. Other (Please Specify): _____		
Personal Data		
Name _____	UF ID _____	
Address _____ _____ _____	Email _____	
	Phone (cell) _____	
	Phone (other) _____	
US Citizen? Yes No	Ethnicity (optional) _____	
Academic Information		
Entered PHHP	Projected Graduation	
Semester _____ Year _____	Semester _____ Year _____	
Overall GPA _____	(if available) GRE Verbal _____	(if available) GRE Quantitative _____
GMAT (if applicable) _____		
Using the list below, enter the number of your degree program _____		
1. Undergraduate Communication Sciences and Disorders	11. Doctor of Physical Therapy	
2. Undergraduate Health Science	12. Ph.D. Audiology	
3. Master of Arts in Communication Sciences and Disorders	13. Ph.D. Biostatistics	
4. Master of Health Administration	14. Ph.D. Epidemiology	
5. Master of Health Science in Occupational Therapy	15. Ph.D. Health Services Research	
6. Master of Occupational Therapy	16. Ph.D. Psychology	
7. Master of Public Health	17. Ph.D. Public Health	
8. Master of Science in Biostatistics	18. Ph.D. Rehabilitation Science	
9. Master of Science in Epidemiology	19. Ph.D. Speech-Language Pathology	
10. Doctor of Audiology		

Employment Information		
Employer _____	Pay Rate _____	
Position _____	Hours per week _____	
Financial Information		
Have you applied for financial aid while a student at UF?	Yes	No
Have you been awarded financial aid for any semester at UF?	Yes	No
Have you applied for UF financial aid this year?	Yes	No
Have you applied for any private aid this year?	Yes	No
Have you received any private aid this year?	Yes	No
Do you have outstanding loans?	Yes	No
If yes, what is the total amount of these loans?	\$ _____	
Please explain why you are applying for financial aid.		
Briefly state any other extenuating circumstances which can be considered in your application?		

I certify that the information given on this application is correct to the best of my knowledge. I give permission for my scholarship application materials to be released to and/or reviewed by appropriate donor representatives and the University of Florida Foundation, at the discretion of the College of Public Health and Health Professions.

Student's Signature

Date

**Return to: Candice Vogtle
PHHP Dean's Office
HPNP Room 4113
P.O. Box 100185
Gainesville, FL 32610**