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.

<table>
<thead>
<tr>
<th>Scholarship Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using the list below, enter the number corresponding to the scholarship for which you are currently applying</td>
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<tr>
<td>1. Judson A. Clements Memorial Scholarship (Deadline: February 23, 2018)</td>
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<tr>
<td>3. Anna F. Gutekunst Scholarship (Deadline: February 23, 2018)</td>
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<tr>
<td>4. Other (Please Specify): ____________________________</td>
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<thead>
<tr>
<th>Personal Data</th>
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<tbody>
<tr>
<td>Name ___________________________</td>
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<td>Address ___________________________</td>
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<td>US Citizen? Yes No</td>
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<tr>
<th>Academic Information</th>
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<tbody>
<tr>
<td>Entered PHHP Semester ___________________________ Year ____________</td>
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<tr>
<td>Overall GPA ____________</td>
</tr>
<tr>
<td>GMAT (if applicable) ____________</td>
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Using the list below, enter the number of your degree program _________

1. Undergraduate Communication Sciences and Disorders  
2. Undergraduate Health Science  
3. Master of Arts in Communication Sciences and Disorders  
4. Master of Health Administration  
5. Master of Health Science in Occupational Therapy  
6. Master of Occupational Therapy  
7. Master of Public Health  
8. Master of Science in Biostatistics  
9. Master of Science in Epidemiology  
10. Doctor of Audiology  
11. Doctor of Physical Therapy  
12. Ph.D. Audiology  
13. Ph.D. Biostatistics  
14. Ph.D. Epidemiology  
15. Ph.D. Health Services Research  
16. Ph.D. Psychology  
17. Ph.D. Public Health  
18. Ph.D. Rehabilitation Science  
19. Ph.D. Speech-Language Pathology
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

Form Updated: January 8, 2018