

**FALL 2015
SCHOLARSHIP FOR DISADVANTAGED STUDENTS APPLICATION**

SDS NEW APPLICATION

SDS RENEWAL APPLICATION

Last Name: _____ First Name _____ Middle Initial _____

Address: _____ Apt. No: _____

City: _____ State: _____ Zip Code: _____

GSU Student ID Number: _____ Academic Advisor _____

Date of Birth: _____ E-Mail address: _____

Day Time telephone #: _____ Cell #: _____

Category/categories under which you are applying:

1. _____ Severe economic disadvantage.
2. _____ Economic disadvantage.
3. _____ Member of the first generation in the family to attend college, OR a member of an under-represented group, either by federal guidelines or within the discipline of communication sciences and disorders.
4. _____ Member of the first generation in the family to attend an undergraduate or graduate program in Social Work, OR attended an Illinois high school listed as underfunded by the Illinois State Board of Education.
5. _____ Attended a high school in another state listed as underfunded.

High school from which you graduated _____
Name of High School

Address: _____
City State Zip code (xxxxx)

If you did not graduate from high school, in what year did you receive your GED? _____
YEAR

One of the criteria that will be used to determine scholarship eligibility is membership in one of the traditionally underrepresented groups attending higher education institutions. Please indicate your ethnicity and race below.

Ethnicity

Race

Please indicate your gender:

Are you of the first generation in your family to attend a four-year college or university?

Choose

Are you of the first generation in your family to pursue an undergraduate or Master of Social Work Degree?

In order to receive funding from the Scholarships for Disadvantaged Students program, you are required to complete and submit a current Free Application for Federal Student Aid (FAFSA) to the GSU Financial Aid office. The application is available on the FAFSA website at <http://www.fafsa.ed.gov/>. GSU's federal school code is **009145.**

Have you completed a Free Application for Federal Student Aid (FAFSA) for the 2013-2014 school year?

Indicate your veteran Status (Check One):

Indicate your Current Field Placement if applicable:

Name of Agency: _____ Type of Agency: _____

Current Plan of Study (Check One below)

Advanced Standing:

Full Program:

Parental Information

Parents' income will be used to determine a student's eligibility for economically disadvantaged in all cases except in those cases where the student is at least 24 years old and has not been listed as a dependent on his or her parents' income tax for 3 or more years.

Awards based on financial need may be based on the tax status of the applicant's parents. Please note the following.

- I. If you are at least 24 years old and have not been listed as a dependent on your parents' income tax for three (3) or more years (i.e., effective January 2012 or earlier), you are not required to provide parental information (including U.S. Income Tax Return).

Yes, I verify that I am at least 24 years old and have not been listed as a dependent on my parents' income tax for three (3) or more years.

- II. If you are less than 24 years old or currently are listed as a dependent on your parents' U.S. Income Tax return, you are required to
 - a. Provide a copy of your parents' 2013 U.S. Individual Income Tax Return, and
 - b. Complete the parental information below.

Mother's Name _____

Age_____

Father's Name _____

Age_____

If income tax returns are filed jointly:

Adjusted gross income (AGI) reported on your **parents'** 2013 U.S. Individual Income Tax Return (Form 1040).

Number of individuals listed as dependents on your **parents'** 2013 U.S. Individual Income Tax Return (Form 1040).

If income tax returns are filed separately:

Adjusted gross income (AGI) reported on your **mother's** 2013 U.S. Individual Income Tax Return (Form 1040).

Number of individuals listed as dependents on your **mother's** 2013 U.S. Individual Income Tax Return (Form 1040).

Adjusted gross income (AGI) reported on your **father's** 2013 U.S. Individual Income Tax Return (Form 1040).

Number of individuals listed as dependents on your **father's** 2013 U.S. Individual Income Tax Return (Form 1040).

If you are unable to provide Parental Information, please check one of the choices below, if applicable.

My mother's whereabouts and income are unknown.

My father's whereabouts and income are unknown.

My mother is deceased.

My father is deceased.

If one of the statements below apply to you, please indicate your selection.

I am the sole source of financial support for my mother.

I am the sole source of financial support for my father.

Affidavit of Application Accuracy and Agreement

By Checking I agree below, I understand that I am agreeing to the following statements:

1. To the best of my knowledge, the information I have provided in this application is true and accurate. If asked, I will provide proof of accuracy of any response I have indicated in this application.
2. I understand I must submit a FAFSA (Free Application for Federal Student Aid for the 2014-2015 school year) to the GSU Financial Aid office in order to be eligible for an award from SDS funds.
3. If I am less than 24 years old or currently listed as a dependent on my parents' U.S. Income Tax return, I will provide a copy of my parents' 2013 U.S. Individual Income Tax Return.
3. If I receive this scholarship, I understand that I am required to enroll as a full-time student (i.e., at least nine (9) credit hours of graduate social work courses) in the Department of Social Work Program. **I will continue to enroll as a full-time student during the time I receive SDS funds. If for any reason I fall below 9 credit hours I am responsible for returning all of the SDS funds awarded to me.**
4. I understand this scholarship is for one semester only, and may be renewed each semester if program eligibility is maintained and the HRSA SDS award is funded.
5. To retain this scholarship I must maintain a cumulative grade point average (GPA) of 3.0 in each semester and earn a "B" or better in all social work courses.
 - MSW Students: 3.0 on a 4.0 scale
6. If I fail to abide by all parts of this statement, I will relinquish this scholarship immediately.

Please indicate your agreement to the above criteria by selecting, I agree below:

Date: _____

7. In what ways specifically does the Scholarship for Disadvantaged Students award effect you? Please briefly describe below:

LETTER OF COMMITMENT AND COMPLIANCE AGREEMENT

Dear SDS Award Applicants,

The Scholarship for Disadvantage Students is a Scholarship Program of the U.S. Department of Health and Human Services, Health Resources and Services Administration. The program addresses a major barrier to disadvantaged students' access to health professions education -- namely, high tuition costs that often result in failure to complete due to the lack of funds and the scholarship awards may allow students to complete their education sooner without interruption. The SDS Program gives funding priority to behavioral health professions with certain percentages of: (1) full-time underrepresented minorities, (2) graduates practicing in primary care, and (3) graduates working in medically underserved communities.

This SDS program provides substantive grant awards to schools such as ours to increase primary care minority and disadvantaged students' retention and graduation through the expansion of disciplines in primary care eligibility to include mental and behavioral health. Based on these changes, All SDS Awardees are required to sign a letter of commitment and compliance to fulfill the following MSW Program SDS Assessment Data Requirements. In order to receive your Scholarship Award you must respond by checking the boxes, date and agreement response below. **I will,**

- 1. **ADHERE** to the established Full-Time Plan of Study -----

- 2. **MEET** with your Academic Advisor **at least once a semester** or more if required -----

- 3. **MAINTAIN** a 'B' or better **in all MSW Course work** and a cumulative **GPA of 3.0** -----

- 4. **COMPLY** with all **assessment SDS data requests** over the next four years -----

- 5. **SEEK** professional Practice opportunities in the Mental and Behavioral Health Fields -----

I have read the Letter of Commitment and Compliance and I understand that if I fail to meet the criteria outline above I will not be eligible for the Scholarship for Disadvantaged Students, SDS. Please choose, I agree to indicate your acceptance and agreement with the criteria outlined above:

Date: _____

Please be aware that SDS funding is contingent on the **appropriation of funds** to support and sustain the Scholarship for Disadvantaged Students, a program of the U.S. Department of Health and Human Services, Health Resources and Services Administration.

Submit your signed scanned/copy to the Social Work Department by email to mwsds@govst.edu . Please note that If you are eligible, SDS funds cannot be released until you have responded to the Compliance and Agreement statement above.

Best regards,
Gerri Outlaw

Dr. Gerri Outlaw, Chair
Professor and MSW Program Director
Department of Social Work
College of Health and Human Services