ATSU DIVERSITY & INCLUSION



Graduate Health Professions Scholarship Application

| Last Name | First Nar | ne | Middle Initial | Preferred Name |
|--|-----------------------------|----------------------|----------------------|--|
| | | | | |
| Street Address | | | PO Box/Rural Route | |
| | | | | |
| City | State | | County | Zip Code |
| | | Γ | | |
| Email Address | | | Phone Nur | nber (Including AreaCode) |
| | | | | |
| Date of Birth | _ | | | |
| What School and Program have you l | | | <u> </u> | |
| ATSU Arizona School of Dentistry & Oral He | | | | sville College of Osteopathic Medicine |
| ATSU Missouri School of Dentistry & Oral He | ealth OATSU School of Ost | eopathic Medicine in | Arizona 🔘 ATSU Cali | fornia Central Coast |
| Program: | | | | |
| If there is any information that can be updated or changed from your primary school application, please include here: | | | | |
| | | , p , | | ,, p |
| | | | | |
| | | | | |
| | | | | |
| I have been accepted to a full-time residential (not online) degree-seeking program at ATSU | | | | |
| ○Yes ○ Still Scholar ○No | | | | |
| Will you receive any other scholarsh | ips as an ATSU student? | | | |
| (i.e.; Health Professions Scholarship Program (HPSP), Indian Health Service Scholarship (IHS), National Health Service Corps. (NHSC), GI Bill, etc.) | | | | |
| Yes No | | | | |
| Are you a "Priority Applicant Dossie | | | | |
| How did you pay for your undergr | aduate education? | | | |
| ○ PellGrant ○ Loans | O Tuition waiver | C Regents/A | cademic scholarship | DS |
| 🔿 Other | | | | |
| | | | | |

Did you receive an application fee waiver for graduate/professional degree applications? O Yes ONo

ATSU DIVERSITY & INCLUSION



Graduate Health Professions Scholarship Application

Video Requirement

Submit a video (not more than 3 minutes) describing why this scholarship would enhance your ability to serve the underserved. Please email video to <u>diversity@atsu.edu</u>. (Authenticity is a significant measure for the video delivery)

Please answer the following questions in essay format. (250-500 words)

Describe your future plans as a healthcare provider.

Please describe why you should receive a financial award.

I certify that the information contained in this application is true and correct to the best of my knowledge. I understand that falsification of any information on this application may result in disqualification from the application process. If I am selected for an award and choose to participate, I agree to abide by all program rules and guidelines. I have ready and understand the ATSU Student Handbook.

ATSU DIVERSITY & INCLUSION



Nondiscrimination Policy

ATSU does not discriminate on the basis of race, color, religion, ethnicity, national origin, sex (including pregnancy), gender, sexual orientation, gender identity, age, disability, or veteran status in admission or access to, or treatment or employment in its programs and activities. Dating violence, domestic violence, sexual assault (e.g. non-consensual sexual contact/intercourse), stalking, harassment, and retaliation are forms of discrimination prohibited by ATSU. Any person who witnesses or has knowledge of incidents of discrimination, harassment, retaliation, or any other situation prohibited by this policy, should report such information to the persons listed in this general order. All reporting parties are protected from adverse action or retaliation under the provisions of this policy and by ATSU Policy No. 10-216: Whistleblower. Good faith reports, even if erroneous, will not result in punitive action. Deliberately false and/or malicious accusations of harassment are just as serious an offense as harassment and will be subject to appropriate disciplinary action.

To report violations of ATSU's nondiscrimination policies, request information, or for assistance filing a police report, contact the following persons:

Employees, members of the public, or beneficiaries

should contact:

Arizona Campus

Tonya Fitch Director of Human Resources Deputy Title IX Coordinator 5850 East Still Circle Mesa, AZ 85206-3618 480.219.6007 tfitch@atsu.edu

Missouri Campus

Donna Brown Assistant Vice President of Human Resources Deputy Title IX Coordinator 800 West Jefferson Street Kirksville, Missouri 63501 660.626.2790 dbrown@atsu.edu

Students should contact:

Arizona Campus Michael Zajac Associate Vice President, Student Affairs Deputy Title IX Coordinator 5850 East Still Circle Mesa, AZ 85206-3618

480.219.6026 michaelzajac@atsu.edu

Missouri Campus Lori Haxton Vice President for Student Affairs Deputy Title IX Coordinator 800 West Jefferson Street Kirksville, Missouri 63501 660.626.2236 Ihaxton@atsu.edu

Students should contact:

California Campus Michael Zajac Associate Vice President Student Affairs Deputy Title IX Coordinator 1075 E. Betteravia Rd. Ste. B Santa Maria, CA 93454 480-219-6026 michaelzajac@atsu.edu

Alternately, discrimination complaints, reports, or questions may be directed to the ATSU Title IX Coordinator: John Gardner Title IX Coordinator 800 West Jefferson Street Kirksville, MO 63501 660.626.2113 titleix@atsu.edu

In Compliance with the *Clery Act* and Section 86 of DOE regulations, the university makes the following information available to all prospective students, admitted students, and current students: Annual Security and Fire Safety Report and the Drug and Alcohol Abuse Prevention Policy. This information can be accessed online. <u>www.atsu.edu/security</u> A hard copy can also be requested by contacting Student Affairs at <u>mostudentaffairs@atsu.edu</u> or <u>azstudentaffairs@atsu.edu</u>; or at (660)626-2516 (Missouri) or (480)219-6126 (Arizona)

Annual Security and Fire Safety Report

Drug and Alcohol Abuse and Prevention Policy

Deadline for application submission is by April 30th.

For more information on the Graduate Health Professions Scholarship Program or to submit your application, contact the Diversity Department at diversity@atsu.edu or (623)251-4705 or (660)626-2210