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**For Office Use**

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**GTAA/GRAA** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notes** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Scholarship & Teaching Assistantship Application**

**2013-2014**

The College of Public Health has growing, but limited, scholarship funding available. Approximately 25% of graduate students receive some funding from the College of Public Health. Every attempt is made to match available funds to students' need. Students are encouraged to seek other sources of funding.

The information provided on this application assists the College in making fair, equitable and effective financial awards. Although some of this application will duplicate information on your SOPHAS application, we ask that you provide specific, comprehensive and accurate information. Additional materials may be requested for certain types of funding.

**US citizens and permanent residents** **must complete a** [**FAFSA**](http://www.fafsa.ed.gov/) to be considered for College of Public Health financial assistance.

**International students must complete this** [**online calculator**](http://www.nelnetsolutions.com/finaid/efcsimplecalc.asp).  This will give us comparable information to the information provided on domestic students’ FAFSAs.In addition, international students will need to complete a [**Financial Guarantee**](http://grad.arizona.edu/admissions/admissions-requirements/international-students/proof-of-financial-resources) and may be asked to provide additional supporting information, depending on the source of scholarship funds awarded.

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal Information** | **First Name** | **MI** | **Last Name** |
|  |       |    |       |
|  | **E-mail** | **Phone** |
|  |       |       |
|  | **Academic Program** |
|  |  |
|  | **Do you plan to be a full-time or part-time student? Full-time graduate students take 9 or more credits per semester.** |
|  | [ ]  Full-time [ ]  Part-time |
|  | **Citizenship** | **State of Residency** |
|  |  |       |
|  | **Type of Student** |
|  | [ ]  Undergraduate Student (BS in Public Health) [ ]  Continuing Graduate Student (MPH, MS, PhD, or DrPH)**> Please submit form to Tanya Nemec at** **tjnemec7@email.arizona.edu** |
|  | [ ]  Applicant or Admitted Graduate Student (MPH, MS, PhD, or DrPH)**> Please submit form to Amy Glicken at** **coph-admit@email.arizona.edu** |
| **Merit**[ ]  Verified (for office use) | **Undergraduate Level GPA** |       |
|  | **Graduate Level GPA** |       |
|  | **Combined Verbal & Quantitative GRE score** |       |
| **Ethnicity** | [ ]  American Indian or Alaskan Native (I) Tribe:      [ ]  Asian or Pacific Islander (A) Specify country:       [ ]  Black, Non-Hispanic (B) [ ]  Hispanic (H) [ ]  White Non-Hispanic (W) |
| **Family** | **Marital Status** |
|  | [ ]  Single [ ]  Married |
|  | **Number of children you support (if any)** | **Ages of children** |
|  |       |       |
| **Graduate Teaching Assistantships** | **Would you like to be considered for a Graduate Teaching Assistantship?** |
|  | [ ]  Yes [ ]  No |
|  | **Decisions regarding placement of GTA’s are made in collaboration with the course instructor. Please indicate if you have taken any core MPH courses or undergraduate public health courses. If you have had previous teaching experience, please explain the circumstances:** |
|  |       |
| **Your Budget** |
| **Income** | **Type of Income** | **2012** | **Estimated 2013/2014 school year** |
|  | Annual income if employed | $       | $       |
|  | Spouse's income | $       | $       |
|  | Available savings/investments | $       | $       |
|  | Other family assistance expected | $       | $       |
|  | **Total Estimated Income** | **$** | **$** |
|  | **If you are employed, where are you employed and in what capacity?** |
|  |       |
|  | **Will your employment continue while you’re in school?** |
|  | [ ]  Yes [ ]  No [ ]  Unsure  |
|  | **Does your employer offer tuition reimbursement?** |
|  | [ ]  Yes [ ]  No [ ]  Unsure  |
| **Estimated Expenses** **for School Year 2013-2014** **(excluding tuition/fees)**[Help with estimated cost of attendance](https://financialaid.arizona.edu/money/estimated-cost.aspx)  | Housing costs | $       |
|  | Food | $       |
|  | Child care | $       |
|  | Miscellaneous\* | $       |
|  | **Total Estimated Costs** | **$** |
|  | **\***Specify miscellaneous costs |       |
| **Scholarships and Loans** | **Do you qualify for the** [**Qualified Tuition Reduction**](http://www.hr.arizona.edu/qualified_tuition_reduction) **because you, your spouse, or your parent (if you are a qualified dependent) is a faculty or staff member at one of the Arizona state universities?** |
|  | [ ]  Yes [ ]  No |
|  | **If you are a Returned Peace Corps Volunteer, have you applied for the** [**UA Peace Corps Fellows Program**](http://grad.arizona.edu/peacecorp/)**?** |
|  | [ ]  Yes [ ]  No |
|  | **Please list the loans and/or scholarships (additional to any the College of Public Health may award) that you have already secured for the 2013/2014 academic year.** |
|  | **Name of Scholarship, Loan, or Funding Entity** | **Amount** |
|  |       | $       |
|  |       | $       |
|  |       | $       |
|  | **Total Loans and Other Scholarships Expected** | **$** |
| **Existing/Prior Loans** | **Do you have any outstanding educational loans?** |
|  | [ ]  Yes [ ]  No |
|  | **Please list amounts of TOTAL outstanding educational loans THROUGH Spring Semester 2013 (do NOT include spouse’s or children’s loans).** |
|  | **Name of Loan** | **Amount Owed** |
|  |       | $       |
|  |       | $       |
|  |       | $       |
|  | **Total Owed on Outstanding Educational Loans** | **$** |
| **Personal Debt** | **Please list personal debts of $500 or more (home mortgage, auto, spouse’s educational loans, credit cards, etc.). Do not include your educational debt in this section.** |
|  | **Creditor’s Name** | **Purpose of Loan** | **Unpaid Balance** | **Monthly Payment** |
|  |       |       | $       | $       |
|  |       |       | $       | $       |
|  |       |       | $       | $       |
|  |       |       | $       | $       |
|  | **Total Personal Debt** | **$** | **$** |
| **Other Pertinent Information** | **Is there any other information that you would like the College to know about you when making financial assistance decisions?** |
|  |       |
| **Certification** | **I certify that the information I have provided on this application is a true and accurate reflection of my financial need.****Digital Signature (type name)**      **Date**       |
| **Equal Opportunity** | The University of Arizona is an equal opportunity, affirmative action institution that prohibits discrimination in its programs and activities on the basis of race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation or gender identity and is committed to maintaining an environment free from harassment and retaliation. A student who believes that s/he has experienced harassment or discrimination should call the Equal Opportunity and Affirmative Action Office at (520) 621-9449 [TTY (520) 626-6768]. Students who would like information on University policies regarding the Americans with Disabilities Act should call the Director of the Disability Resource Center (ADA/504 Officer) at (520) 626-7674 [TTY (520) 621-3268]. The Title IX Officer can be reached at (520) 621-9449.  |
| **Submit Form by E-mail** | **> Please submit form to Tanya Nemec at** **tjnemec7@email.arizona.edu**Undergraduate Students (BS in Public Health)Continuing Graduate Students (MPH, MS, PhD, or DrPH) |
|  | **> Please submit form to Amy Glicken at** **coph-admit@email.arizona.edu**Applicant/Admitted Graduate Students (MPH, MS, PhD, or DrPH) |