



University of California, San Francisco
School of Nursing

GRADUATE DEAN'S HEALTH SCIENCES FELLOWSHIP

Instructions and Application Forms

Revised: Apr. 12, 2007

This application is for nursing doctoral students who are currently enrolled in the first through fifth years of their program at UCSF.

Fellowships are awarded as a mark of merit, primarily on the basis of scholarship (including GPA), promise of outstanding achievement, and professional contribution. Scholarships typically range from \$5,000 to \$15,000.

Please note: each year's competition is independent and no preference is given to former recipients. Students must reapply each year.

To receive support from the Graduate Dean's Health Sciences Fellowship: students must be enrolled full time on the UCSF campus and must remain in good academic standing. Fellowship recipients will be subject to an annual funding cap of \$2,084 per month in UCSF scholarships and/or earnings as a GSR or TA while school is in session (NRSAs and extramural fellowships are included in this cap).

- ◆ The **application deadline** (*every year*) is **April 15th***.
- ◆ **Prior to April 15th**, return this application to:
Leila Kern, UCSF Nursing Student Affairs
2 Koret Way, #N-331B
San Francisco, CA 94143-0602
- ◆ Give the attached letters of reference forms to your two reference writers (references should be from persons with whom you have studied or worked, and who are knowledgeable about your academic and research background).
- ◆ Be sure to add your name on the first line before you give the reference forms to the persons you have asked to recommend you.
- ◆ Give them a stamped, addressed envelope with the form so that they can mail it to the above address.
- ◆ Remind your reference writers of the **April 15th** application receipt deadline.
- ◆ Your **CV** (curriculum vitae, résumé) **must** be attached to all applications.

* In years where April 15th falls on a Saturday, Sunday, or Holiday, *the following regular workday* will be used as the effective/enforced deadline.



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**GRADUATE DEAN'S
HEALTH SCIENCES FELLOWSHIP**

The following criteria will be used in determining eligibility and making decisions:

1. Awards made to doctoral students on basis of merit as defined by scholarship (including GPA), the promise of outstanding achievement, and professional contributions;
2. Eligibility includes U.S. citizens, permanent residents, and foreign nationals; and
3. Applicants must be currently enrolled in their first through fifth year of doctoral study.

The following additional characteristics may be used in making decisions:

- A) Experience of situations or conditions that impeded advancing to graduate study, such as the absence of a family member who attended college; matriculation at a school with poor financial or curricular support; having a disability; or having worked long hours while attending school; or
- B) Evidence of an intention to use the doctoral degree toward serving educationally underrepresented segments of society.

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GRADUATE DEAN'S HEALTH SCIENCES FELLOWSHIP

Application Form

Please print or type

<i>Name (Last, First Middle)</i>		<i>Social Security Number</i>	
<i>Mailing Address (valid after June 1st)</i>		<i>(Area Code) and Telephone Number</i>	
		<i>Email</i>	
<i>Year in Program during current Academic Year (e.g., 1st, 2nd)</i>		<i>Sex</i>	
<i>Degree Objective</i>	<i>Quarter and Year Entered Program</i>	<i>Quarter and Year You Expect to Graduate</i>	
<i>Undergraduate Institution</i>		<i>Advanced to Candidacy?</i> <input type="checkbox"/> No <input type="checkbox"/> Yes, When (mm/yyyy)? _____	
<i>Country of Citizenship</i>		<i>Type of Visa</i>	<i>US Permanent Resident?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYMENT (<i>Previous employment relevant to your field of study</i>)			
<i>Employer</i>		<i>Position</i>	<i>Dates</i>
<i>Employer</i>		<i>Position</i>	<i>Dates</i>
<i>Employer</i>		<i>Position</i>	<i>Dates</i>
REFERENCES			
<i>Name</i>		<i>Title</i>	
<i>Name</i>		<i>Title</i>	
PUBLICATIONS			
<i>Title</i>		<i>Publisher</i>	<i>Date</i>
<i>Title</i>		<i>Publisher</i>	<i>Date</i>
<i>Title</i>		<i>Publisher</i>	<i>Date</i>
<i>Do you presently hold or expect to hold a fellowship, traineeship, private scholarship, or governmental support of any kind?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, specify below:</i>			
<i>Source</i>		<i>Amount</i>	<i>Dates</i>
<i>Source</i>		<i>Amount</i>	<i>Dates</i>
<i>Source</i>		<i>Amount</i>	<i>Dates</i>
<i>Source</i>		<i>Amount</i>	<i>Dates</i>
<i>Applicant's Signature</i>		<i>Date</i>	

GRADUATE DEAN'S HEALTH SCIENCES FELLOWSHIP

Name of Applicant: _____

GOAL STATEMENT

Please state your purpose in undertaking graduate study, including your professional goals, plans for the future, research you have conducted, and any other information which may aid the Committee in evaluating your preparation and ability in your field of work (please limit goal statement/personal statement to this one page only).

PERSONAL STATEMENT

Explain why you believe you meet the fellowship criteria; you may include extenuating circumstances:

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LETTER OF RECOMMENDATION

Name of Applicant: _____

The Student Awards Committee would appreciate your opinion concerning the person named above, who has applied for a fellowship at this university. What are your personal impressions of this candidate's ability, the quality of her/his academic performance, scholarship to date, professional contribution, and promise of outstanding achievement? Your report will be considered confidential. Use the other side of this sheet if necessary.

Please also rate the applicant on this scale (check one).

<i>Below Average</i>	<i>Average</i>	<i>Good</i>	<i>Outstanding</i>	<i>Truly Exceptional</i>	<i>Unable to Observe</i>
[]	[]	[]	[]	[]	[]

<i>Name (printed)</i>	<i>Title</i>
<i>Address</i>	
<i>Signature</i>	<i>Date</i>

Please return this recommendation by April 15th to:
 Leila Kern
 UCSF Nursing Student Affairs
 2 Koret Way, #N-331B
 San Francisco, CA 94143-0602