

Marshall University
College of Health Professions
Scholarship for Disadvantaged Students Application

This application is for the Scholarship for Disadvantaged Students. To qualify you must be an undergraduate student majoring in Nursing, Med Tech, DPD Dietetics, Communication Disorders or Medical Imaging. Full time (9+ hours) graduate students in the family nurse practitioner track, communication disorders or dietetics are also eligible to apply. ALL applicants must have a current FAFSA on file in the student financial aid office and must document unmet financial need through that office.

You must document your family and/or your income by attaching copies of 2009 tax forms to this application as noted below.

Name: _____ Student Number (901): _____

Address: _____
Street

Email Address: _____

City, State Zip

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____

Academic Information

Overall Grade Point Average: _____

Degree: ASN BSN MSN-FNP BS-MT

Anticipated Graduate Date: _____

BS-DTS MS-DTS BS-CD MS-CD BS-MI

I qualify for the scholarship for disadvantaged students for my major because:

My parents' income falls within the low income guidelines listed below. Please provide number in household and include yourself _____.
Also provide a signed copy of your parents 2009 IRS 1040.

I am at least 24 years old and have not been listed as a dependent on my parents' income tax form for the last three years. My income falls within the low income guidelines listed below. Please provide number in your household ____ as well as a signed copy of your 2009 IRS 1040.

Poverty Table for Academic Year 2010-11

Family Size	Income Level
1	\$21,660
2	\$29,140
3	\$36,620
4	\$44,100
5	\$51,580
6	\$59,060
7	\$66,540
8	\$74,020

*includes only dependents listed on Federal Income Tax Forms and student

I am the first member of my family to go to college.

My family received public assistance (Aid to Families with Dependent Children, Food Stamps, Medicaid, Public Housing, etc.)

I live in a health professions shortage area and/or

I live in a medically underserved area

(Verify by entering your address at <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx> and print documentation and attach to this application)

Please use the back of the application to provide additional information. My signature below certifies the above information is accurate .

Signature: _____

Date: _____

Mail documentation and completed application to:

Marilyn Fox

College of Health Professions Student Services

Marshall University

1 John Marshall Drive

Huntington, WV 25755-9500

