



## Graduate Health Professions Scholarship Application

Last Name     
  First Name     
  Middle Initial     
  Preferred Name

Street Address     
  PO Box/Rural Route

City     
  State     
  County     
  Zip Code

Email Address     
  Phone Number (Including Area Code)

Date of Birth     
 Gender:  Female   
  Male   
  Transgender Female   
  Transgender Male  
 Genderqueer/non-binary Preferred pronoun   Other

**What School and Program have you been accepted to?**

- ATSU | Arizona School of Dentistry & Oral Health   
  ATSU | Arizona School of Health Sciences   
  ATSU | Kirksville College of Osteopathic Medicine  
 ATSU | Missouri School of Dentistry & Oral Health   
  ATSU | School of Osteopathic Medicine in Arizona   
  ATSU | California Central Coast

**Program:**

**If there is any information that can be updated or changed from your primary school application, please include here:**

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 scholarships 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 Dossier"?**  Yes     No

**How did you pay for your undergraduate education?**

- Pell Grant   
  Loans   
  Tuition waiver   
  Regents/Academic scholarships

Other

**Did you receive an application fee waiver for graduate/professional degree applications?**  Yes     No

**Are you Hispanic or Latino?**  
(Optional)

- Yes  
 No

**Racial Category(Optional)**

*Check as many as apply.*

American Indian  
*Please indicate tribe affiliation(s) below*

Alaskan Native  
*Please indicate tribal or clan affiliation(s)*

Other

- African American  
 Black  
 Native Hawaiian  
 Other Pacific Islander  
 White  
 Two or More Races  
 Asian



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### 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 [diversity@atsu.edu](mailto:diversity@atsu.edu). (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 read and understand the ATSU Student Handbook.



## 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](mailto: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  
[lhaxton@atsu.edu](mailto:lhaxton@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](mailto: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 *Clergy 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. [www.atsu.edu/security](http://www.atsu.edu/security) A hard copy can also be requested by contacting Student Affairs at [mostudentaffairs@atsu.edu](mailto:mostudentaffairs@atsu.edu) or [azstudentaffairs@atsu.edu](mailto:azstudentaffairs@atsu.edu); 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 31st.**

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