School of Health Related Professions
Student Government Association Scholarship
Application Cover Page

Eligibility

- Full time (12 or more credits) undergraduate or graduate student in the School of Health Related Professionals (SHRP).
- Completed at least one semester in SHRP with a GPA of 3.2.
- An overall GPA of at least 3.0.
- Student number will be used to confirm GPA.
- Winners of the Scholarship are not eligible to apply again.

Application Process

- Part I of the Scholarship may be handwritten, if legible.
- Part II of the application must be typed on a separate sheet in at least 10 Font.
- Include your student number on the top of each response sheet.
- Each response has a limit of eight lines.
- The cover page may be handwritten if legible and must include signature.
- Staple together cover sheet, Part I, and the Part II response pages.
- Applications must be submitted by noon on January 23, 2004, SHRP Building Room 471.

Selection Process

- Applications will be reviewed by an impartial selection committee.
- Applications will be referred to by student number only.
- Selected applicants will be notified by the week of February 9th.

Awarding Scholarships

- Five scholarships of 500 dollars each will be awarded.
- Three will be awarded to undergraduates, and two will be awarded to graduate students in the SHRP.
- Winners will be notified by telephone within one week after the SHRP Senators receive the list of the candidates from the impartial committee.
- The scholarship monies will be directly deposited into each student’s UAB account.
- Overdue balances will be deducted before monies can be collected.

I, _____________________________________ (print name), have read the above listed terms and conditions for the SHRP scholarship. I agree with the above requirements and process and submit my application to be considered for the scholarship.

_________________________________________  _________________________
Signature/Date                               Student Number

_________________________________________  __________________________
Street/Apt. Address                         Phone Number

_________________________________________
City, State, Zip