2017-18 Scholarship for Disadvantaged Students

Student
Legal Name ___________________________ MUID: ___________________________

I, ____________________________,

(Student name)

Hereby attest that I will continue my studies in the Nursing/Dental program, I will remain a full-time
(Circle program of study)
student during the enrollment period of my SDS award and will complete my degree in this program.

Dental Students – Additional Requirements
Must remain in good clinical and academic standing

or

Nursing Students- Additional Requirements
Additionally, I understand that I must also be an active member of Project BEYOND-2, offered through
Marquette University College of Nursing to be eligible for this scholarship. Your responsibilities as an
active member are:

• Enrollment and active participation in Project BEYOND-2,
• Attendance at 70% of the Project BEYOND-2 program activities,
• Involvement in the BEYOND-2 Nurse Mentor Program,
• Attend periodic meetings with Mentor/Advisor Specialist or Project Coordinator

All SDS recipients
I understand it is my obligation to return the SDS funds in full to the school if do not meet the agreed
upon requirements, I do not remain full-time, and/or leave or are dismissed from the program during
the period of this award.

Signature: ___________________________ Date: ___________________________

The intent of the Scholarship for Disadvantaged Students is to provide funding to full-time students in the Marquette
Dentistry/Nursing programs who are from a disadvantaged background as defined in Section 722 of the Public Health
Service Act. Due to an increase in funding and individual student awards, the school is now obligated to ensure student
recipients are aware of the conditions of this award.