

NAME: _____

HU ID#: _____

**SCHOOL OF PHARMACY
HAMPTON UNIVERSITY
HAMPTON, VIRGINIA
Hampton University Scholarship for Disadvantaged Students Program**

The Scholarship for Disadvantaged Students (SDS) is a Federal Scholarship Program established through the Minority Health Improvement Act of 1990. The purpose of the program is to increase diversity in the health professions and nursing workforce by providing scholarships to eligible students. The SDS program provides funds to schools that in turn, make scholarships to full-time, financially needy students from disadvantaged backgrounds that are enrolled in health professions and nursing programs. Participating schools are responsible for selecting scholarship recipients, making reasonable determinations of need, and providing scholarships that do not exceed the cost of attendance (tuition, reasonable educational expenses and reasonable living expenses).

GENERAL GUIDELINES

Eligibility Criteria for Applicants

You are eligible to apply for this scholarship administered by the Hampton University Scholarships for Disadvantaged Students Program (HUSDSP) if you are:

- 1. From a disadvantaged background** as defined by the U.S. Department of Health and Human Services: An individual from a disadvantaged background is defined as one who comes from an environment that has inhibited the individual from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession; or comes from a family with an annual income below a level based on low income thresholds according to family size published by the U.S. Bureau of Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary, HHS, for use in health professions and nursing programs.

****Definitions for Disadvantaged****

An individual from disadvantaged background is defined as someone who:

(a) is **Environmentally/Educationally** disadvantaged who comes from an environment that has inhibited the individual from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions school.

OR

(b) is **Economically** disadvantaged who comes from a family with an annual income below a level based on low-income thresholds according to family size published by the U.S. Bureau of Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary for use in all health professions programs (Economically Disadvantaged). The HRSA uses 200 percent of the HHS Poverty Guideline (<https://aspe.hhs.gov/poverty-guidelines>) to evaluate economic disadvantage.

| Size of Parent's Family* | Income Level** | | |
|---------------------------------|-----------------------------|-----------|----------|
| | 48 Contiguous States and DC | Alaska | Hawaii |
| 1 | \$23,760 | \$29,680 | \$27,340 |
| 2 | \$32,040 | \$40,040 | \$36,860 |
| 3 | \$40,320 | \$50,400 | \$46,380 |
| 4 | \$48,600 | \$60,760 | \$55,900 |
| 5 | \$56,880 | \$71,120 | \$65,420 |
| 6 | \$65,160 | \$81,480 | \$74,940 |
| 7 | \$73,440 | \$91,840 | \$84,460 |
| 8 | \$81,720 | \$102,240 | \$94,020 |
| For each additional person, add | \$8,320 | \$10,400 | \$9,560 |

*Includes only dependents listed on Federal Income tax forms. Represent 200 percent of the HHS Poverty Guideline

*Adjusted gross income for calendar year 2016.

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Please note: Financial need will be verified by the Office of Financial Aid. When identifying eligible students to receive SDS awards, minority status in itself is not a factor for determining disadvantaged status.

2. **A citizen, national, or a lawful permanent resident of the United States** or the District of Columbia, the Commonwealths of Puerto Rico or the Marianas Islands, the Virgin Islands, Guam, the American Samoa, the Trust Territory of the Pacific Islands, the Republic of Palau, the Republic of the Marshall Islands and the Federated State of Micronesia.
3. **Enrolled Full-Time** in the professional PharmD. pharmacy program.
4. Have a **minimum grade point average (GPA) of 3.25** in the professional program or in the pre-professional program for those enrolled in the first professional year.
5. Are a former recipients of scholarships under sections 736 [Scholarships for Students of Exceptional Financial Need] and 740(d)(2)(B) [Financial Assistance for Disadvantaged Health Professions Students] of the Public Health Service Act. ***Preference will be given to students that in addition to meeting the criteria above have also been identified to have exceptional financial need per the Public Health Service Act.*

Exclusion Criteria for Applicants

You are **NOT** eligible to apply for this scholarship if you:

1. Are Enrolled on a Student visa.
2. Meet the inclusion criterion but have failed more than two courses in any semester in the PharmD. program.
3. Are involved in Professional Misconduct or found to be in violation of the Hampton University Code of Conduct.

Application Process

Students seeking to apply must follow these steps:

1. Complete SDS application provided by the School of Pharmacy
2. Make a copy of the completed application for their records
3. Affix their signature at the appropriate place within the document
4. Deliver original application packet to the Office of Student Affairs in the School of Pharmacy

The Office of Student Affairs and the Office of Financial Aid will process the application and determine eligibility. Selected students will be informed of the award, and monies will be disbursed accordingly.

For more information on the SDS Program, you may visit the Health Resources and Services Administration (HRSA) web site using the following link: <http://www.hrsa.gov/loanscholarships/scholarships/disadvantaged.html>

To learn more about Environmental Claims using the HRSA web site, you may visit the following link: <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>

Disclaimer: The School uses a Rapid Cycle Quality Improvement (RCQI) methodology to evaluate the success of the program. The School reserves the right to modify the eligibility requirements for students who may qualify for scholarships. There may be additional criteria that may be used to determine final selection. Recipients of the award will be expected to fulfill other requirements that include but are not limited to additional course work, engagement at pre-determined practice sites during and after graduation from the pharmacy program, and participation in quality improvement activities. The School reserves the right to modify this application form.

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Hampton University Scholarship for Disadvantaged Students Program

Student Profile

NAME: _____
(LAST) (FIRST) (MIDDLE INITIAL)

HAMPTON UNIVERSITY ID#: _____

GENDER: _____ Female _____ Male

CITIZENSHIP: Are you a citizen or national of the United States, or a lawful permanent resident of the United States, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, Guam, American Samoa, the Trust Territory of the Pacific Islands, the Republic of Palau, the Republic of the Marshall Islands or the Federated States of Micronesia? _____ Yes _____ No

STUDENT STATUS: Are you a full-time student in the School of Pharmacy? _____ Yes _____ No

CLASSIFICATION: _____ UG (FR-SR) _____ P-1 _____ P-2 _____ P-3 _____ P-4

WHAT IS YOUR CURRENT CUMULATIVE GPA? _____

EMAIL ADDRESS: _____

CONTACT PHONE NUMBER: _____

ETHNICITY: Please select one of the choices below.

_____ **American Indian or Alaska Native:** A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

_____ **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

_____ **Asian Underrepresented:** Any Asian (see above definition) *other than* Chinese, Filipino, Japanese, Korean, Asian Indian or Thai.

_____ **Black or African American:** A person having origins in any of the Black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **White:** A person having origins in any of the original peoples of Europe, North America, the Middle East or North Africa.

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FINANCIAL AID ELIGIBILITY DETERMINATION FORM

HAVE YOU COMPLETED A FAFSA W/ PARENTS' TAX FORMS: _____ YES _____ NO

Economic Claims: In order for the office of Financial Aid to determine your eligibility for an award, you must supply a copy of *parents' most recent Federal Income Tax forms (1040 or 1040A only) for Economic Disadvantage Claims to the Office of Financial Aid, if you have not already done so during initial enrollment at Hampton University.

**Independent students, age 24 or older, and unclaimed by parents on Federal Income Tax for last (3) tax years may supply a copy of parent(s)' 1040 forms for each of the (3) years to verify this and Financial Aid will be able to process SDS application using student (and spouse) income tax (1040), which must also be sent directly to the Office of Financial Aid.*

DISADVANTAGED STUDENT STATUS ELIGIBILITY DETERMINATION FORM

Environmental Claims: In order to determine if you are environmentally/educationally disadvantaged, the information you provided above will be used to find out if the high school from which you graduated or your home address in the year you graduated from high school is located in a health professions shortage area (HPSA). For your information, this information will be gathered from the following website: <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>. If you are a student who has extenuating circumstances, such as the loss of both parents, you must provide secondary confirmation, such as an official death certificate, to substantiate your claim. A final determination of eligibility to receive award will be made within 10-14 business days from the date of complete submission of required information.

| WHAT IS THE NAME AND ADDRESS OF THE HIGH SCHOOL FROM WHICH YOU GRADUATED? | WHAT WAS YOUR HOME ADDRESS IN THE YEAR YOU GRADUATED FROM HIGH SCHOOL? |
|---|--|
| | |
| | |

I am in financial need with respect to attending Hampton University (I qualify for Pell Grant) Yes _____ No _____

I am a person who is first generation to attend college Yes _____ No _____

I have a diagnosed physical or mental impairment that substantially limits participation in educational experiences
Yes _____ No _____

I am a person for whom English is not my primary language and for whom language is still a barrier to my academic performance Yes _____ No _____

I received free or reduced price lunches while in high school. Yes _____ No _____

I have read and understood the requirements of the program. The information provided is accurate to the best of my knowledge.

Signature of Student: _____

Date: _____

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(For Official Use Only)

ELIGIBILITY: YES___ **NO**___ (If 'No', please indicate reason below)

AMOUNT ELIGIBLE TO RECEIVE \$ _____
(granting department shares in the responsibility for knowing their current SDS budget amount)

REASON DENIED (please provide your initials):

_____ #1 (does not meet Family Size/Income requirements)

_____ #2 (does not meet eligibility requirements for environmental disadvantage)

_____ #3 (does not meet the minimum GPA requirement)

_____ #4 (insufficient documentation)

_____ #5 (insufficient space in student budget/award conflicts
with other tuition/fee-specific award already accepted)

APPROVED BY _____
School of Pharmacy Office of Student Affairs

Signature

APPROVED BY _____
Financial Aid Office

Signature

ADDITIONAL COMMENTS:

