

### Scholarships for Disadvantaged Students: Application

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**PROGRAM TYPE:** **Status:**  
**ELIGIBILITY CRITERIA**  
**A. Full-Time students in your program and their racial/ethnicity background** [More Instructions](#)

Race/Ethnicity	Full-Time Students Enrolled	
	Hispanic/Latino	Non-Hispanic/Latino
*Asian - all	<input type="text"/>	<input type="text"/>
*Asian Underrepresented	<input type="text"/>	<input type="text"/>
*Black or African American	<input type="text"/>	<input type="text"/>
* American Indian/Alaskan Native	<input type="text"/>	<input type="text"/>
* Native Hawaiian or Other Pacific Islander	<input type="text"/>	<input type="text"/>
* White	<input type="text"/>	<input type="text"/>
* More than One Race	<input type="text"/>	<input type="text"/>
<b>Total (Calculated Value)</b>	<input type="text"/>	<input type="text"/>

**B. Total full-time enrollment and full-time disadvantaged enrollment by class year for students your program** [More Instructions](#)

Class Year	Total Full-Time Class Enrollment	Total Full-Time Disadvantaged Enrollment
*First	<input type="text"/>	<input type="text"/>
*Second	<input type="text"/>	<input type="text"/>
*Third	<input type="text"/>	<input type="text"/>
*Fourth	<input type="text"/>	<input type="text"/>
*Fifth	<input type="text"/>	<input type="text"/>
*Sixth	<input type="text"/>	<input type="text"/>
<b>Total</b>	<input type="text"/>	<input type="text"/>
*Of the number of full-time disadvantaged, number who are economically disadvantaged		<input type="text"/>

**C. Full-Time students graduated and full-time disadvantaged students graduated from your program** [More Instructions](#)

*Total Full-Time Graduates	*Full-Time Disadvantaged Graduates
<input type="text"/>	<input type="text"/>
Of the number of Full-Time Disadvantaged, number who are economically disadvantaged	<input type="text"/>

**D. Full-Time graduates from your program serving in medically underserved communities**

Medically Underserved Communities <a href="#">More Instructions</a>	
*Total Full-Time Graduates	<input type="text"/>
*Number of Full-Time Graduates in Medically Underserved Communities	<input type="text"/>
*Of the Number of Full-Time Graduates in Medically Underserved Communities (above), number of Graduates that received SDS	<input type="text"/>

**ACCREDITATION** [More Instructions](#)

*Name of Accrediting Body	<input type="text"/>
*Expiration Date (MM/DD/YYYY)	<input type="text"/>
If "Other" specify name:	<input type="text"/>

E. Cost of Tuition for Full-time Students for this Program	
F. Length of Program	

Point of Contact	
Title	
Phone Number	
Email Address	