



SCHOOL of PHARMACY AND HEALTH PROFESSIONS
Department of Rehabilitation

Undergraduate Scholarship Application Process

Who is eligible?

1. All students enrolled at UMES (as well as incoming students) are eligible to apply..
2. Must seek a career in psychology, rehabilitation or a closely related field (as approved by the department).
3. Must be enrolled as a full-time student at UMES in the Department of Rehabilitation.

General requirements for all scholarships

1. Complete the application (transcripts and letters of recommendation, should be included) by the priority deadline and meet the minimum academic criteria.
2. Commit to involvement in leadership activities.
3. Meet at least twice per semester with the Scholarship Advisor/Coordinator.
4. Statement of academic and professional goals in psychology or rehabilitation field.
5. At least 60 hours of community/department service per semester.
 - a. 40 hours of approved service for the department
 - b. 10 hours of approved mentoring/tutoring (with students identified by the administration)
 - c. 10 hours of community service

Application Process

- 1) Fill out and sign the Scholarship Application Form
- 2) Submit an essay (1-2 pages double spaced) that addresses the following information:
 - a) Discuss your motivation on pursuing a rehabilitation or psychology career.
 - b) Outline your professional goals after completion your undergraduate degree.
 - c) Describe community services activities and how the applicant plans to engage in community service activities while pursuing the undergraduate degree.
 - d) Describe leadership roles and how the applicant plans to engage in leadership activities.
 - e) Brief financial statement on why the applicant is in the need of and deserving of the scholarship.
- 3) Submit proof of class registration for the next semester (12 credits are considered full time in Spring and Fall)
- 4) Submit an unofficial transcript with GPA above 3.00
- 5) Submit proof of U.S. Citizenship (e.g. previously issued, undamaged US passport, Certified birth certificate issued by the city, county, or state of birth, or Certificate of Citizenship)

Application Term: ___ Spring ___ Fall Academic Year: _____

- 6) If you cannot digitally sign the documents, you will have to print, sign, scan and then attach them to the email. Email the complete application package to Dr. Velázquez-González, Scholarship Coordinator (hjvelazquezgonzalez@umes.edu). Or you could drop by the package to the Rehabilitation Department (Room 1032, Office 1043, Hazel Hall)
- 7) Participate in a compulsory scholarship induction meeting.
- 8) Make an online appointment with Dr. Velázquez-González for any Scholarship Related questions.

APPLICATION FOR UNDERGRADUATE SCHOLARSHIP PROGRAM

- ☐ Academic Promise Scholarship ☐ Dean Scholarship
☐ Go Hawk Scholarship ☐ Bright Up Scholarship

Applicant Information

Full Name: _____
Last (Both) First Initial

Hawk ID#: _____ Social Security#: _____ Date of Birth: _____

Email Address: _____
UMES Email Personal Email

Postal Address: _____
Street Address or PO Box

City State Zip Code

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Alternate #: _____

Current student of the Department of Rehabilitation? ☐ Yes ☐ No
☐ Rehabilitation Services ☐ Rehabilitation Psychology

RD start date (First semester enrolled Semester/Year): _____

Semester applying for the Scholarship (e.g. Fall 2020): _____

Do you currently receive or plan to receive?

Application Term: ___Spring ___Fall Academic Year: _____

Financial Aid

☐ Yes☐ No

Tuition Assistance/Waiver

☐ Yes☐ NoOther Scholarships/Funding (Please explain):

Alternative Contacts

Full Name: _____

Relationship: _____

Email Address: _____

Phone #: _____

Full Name: _____

Relationship: _____

Email Address: _____

Phone #: _____

Disclaimer

I certify that I am eligible to receive an Undergraduate Scholarship and that the information in this application is true and complete to the best of my knowledge. I understand that inaccurate information may affect my ability to receive the scholarship. If this application leads to award/receipt of the scholarship, I understand that false or misleading information in my application or interview may result in my removal from the scholarship program.

Applicant's Signature: _____ Date: _____

Voluntary Sociodemographic Data

This information is voluntary, and it will not be used when considering you for the Scholarship Program.

Racial or Ethnic Group:

☐ American Indian/Alaskan☐ Native Hawaiian/Pacific Islander☐ Black/African American☐ Hispanic/Latino☐ White/Caucasian☐ Asian☐ Other: _____

Sex/Gender

☐ Female☐ Male☐ Transgender☐ Other: _____

Application Term: ____Spring ____Fall Academic Year: _____

Military Service:

☐ Active ☐ Veteran ☐ Disabled Veteran ☐ Other: _____

Do you have a disability?

☐ Yes ☐ No If yes, please explain: _____

How did you hear about this scholarship opportunity?

☐ Email ☐ Colleague ☐ Professional Publication ☐ Graduate Assistant ☐ Website
☐ Other: _____

NOTE: This application is only for the scholarship program. The candidate must complete the admission process and registration to the Department of Rehabilitation Counseling at the University of Maryland Eastern Shore prior to admission to the Undergraduate Scholarship program.

EQUAL ACCESS: If you are a person with a disability and need accommodations for completing the application process, including alternative formats, please contact the Scholarship Coordinator at 410-651-6262 or at his email hjvelazquezgonzalez@umes.edu .

Applicant's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Received date: _____

Decision: ☐ Approved ☐ Disapproved

Scholarship Coordinator Signature

Date

comment re what will happen if gpa drops below standard and how and if student can be reinstated.