

Nova Southeastern University  
Dr. Kiran C. Patel College of Osteopathic Medicine

## **Dean's Scholarship**

### **Purpose:**

Funded by NSU, the Dean's Scholarship is designed to attract and encourage incoming students who have experienced financial hardship, and to reward those current students who excel scholastically.

### **Terms:**

- Year 1                      Pre-matriculation students may apply for this scholarship. All applicants must also complete an FAFSA application.
- Years 2 & 3                Awards will be given for the students with the highest scholastic achievement.
- Year 4                      Award will be given for the students with the highest scholastic achievement and COMLEX Level I scores.

### **Amount:**

The amount of the scholarship awarded to incoming students is decided yearly by the dean and is dependent on the number of applicants. Past awarded amounts have been in the range from \$10,000.00 to \$25,000.00.

### **Eligibility:**

- Entering first year applicants at NSU-KPCOM
- Current students of KPCOM (Years 2-4)

**NOVA SOUTHEASTERN UNIVERSITY**  
**KIRAN C. PATEL COLLEGE OF OSTEOPATHIC MEDICINE**  
**DEAN'S SCHOLARSHIP APPLICATION**  
**PRE-MATRICULATION APPLICATION**

Nova ID Number: \_\_\_\_\_

Email: \_\_\_\_\_

Permanent and/or Legal Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (County) (State) (Zip)

Phone: \_\_\_\_\_  
(Area code)-(Number)

Mailing Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (County) (State) (Zip)

Phone: \_\_\_\_\_  
(Area code)-(Number)

Place of Birth: \_\_\_\_\_  
(City or Town) (State)

**Incoming Students only: Please answer the following questions.**

1. Is your legal residence in a medically underserved rural or urban area?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Have you ever lived in a medically underserved rural or urban area?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain: \_\_\_\_\_

3. I have relevant experience in (check all applicable):

\_\_\_\_\_ Teaching Delivery \_\_\_\_\_ Health Care Delivery \_\_\_\_\_ Social Services

\_\_\_\_\_ Volunteer with medically underserved populations (rural or urban)

\_\_\_\_\_ Other

(Explain) \_\_\_\_\_

\_\_\_\_\_

My answers in this application are truthful. By signing this application, I accept and agree to all statements contained therein.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Please return the completed Dean's Scholarship Application package, including any additional information and attached essays to:

Denise Raof  
Office of the Dean  
4<sup>th</sup> Floor, Terry Bldg., Suite 1401  
NSU - KPCOM  
3300 S. University Drive  
Fort Lauderdale, FL 33328

*Application Deadline: June 30, 2025*