



ADMISSIONS AND ENROLLMENT MANAGEMENT

AUA RESEARCH GRANT APPLICATION

Procedures and guidelines

All applicants must submit an application along with copy of RESEARCH publication or presentation.

Criteria: Enrolled and in Good Standing with AUA Presently in clinical semester (semester 6 thru 10)

The Scholarship Committee must receive all applications and supporting documentation at least three weeks prior to the start of the semester. In order to continue eligibility for the scholarship/grant, the student must maintain Satisfactory Academic progress (SAP)

Scholarship/grant recipients will be notified in writing and by a phone call within two weeks of the Committee's decision. The Committee meets every three weeks to evaluate all applicants.

Please note that there is no guarantee of a scholarship/grant and the number of scholarship awarded per semester may vary. All Scholarship Committee decisions are final and are not open to appeal. All awards will be in the form of a credit towards tuition and fees.

If you are unclear about the scholarship/grant application process, please contact:

Shyam Dharia, sdharia@auamed.org Scholarship Coordinator 1-212-661-8899 ext. 195.

1 Battery Park Plaza, 33rd floor New York, NY 10004 Tel: 1-888-282-8633 www.auamed.org

Student Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

SSN #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone :( ) \_\_\_\_\_ Mobile :( ) \_\_\_\_\_

Currently Enrolled Semester (AUA): \_\_\_\_\_

List research publication or presentation in which you have participated and the year of participation:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

I authorize AUA to publish my research work (in print or on the Internet) for any purpose which AUA- deems suitable and which is consistent with the educational purpose of AUA.

Yes :( )

No :( )

I attest that the information contained in this application is true and correct, and I hereby give the review committee permission to examine my academic transcripts and verify my employment information.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_