Study Buddy Scholarship Information and Application

Master of Healthcare Administration - Students entering January 2020

Master of Science in Nursing, Nurse Educator - Students entering January 2020

We are pleased to announce the availability of Study Buddy Scholarships for students who enroll and begin the Master of Healthcare Administration or Master of Science in Nursing, Nurse Educator program in January 2020.

Individuals may apply for these one-time $2,500 scholarships, which will be applied to tuition due for summer 2020 courses. These scholarships are for one semester only and are non-renewable.

Master of Healthcare Administration
(https://www.uprovidence.edu/explore-programs/graduate/master-of-healthcare-administration/)

Complete the enclosed Scholarship Application cover sheet and return it to healthprograms@uprovidence.edu. For consideration, applications and all admission requirements below must be fulfilled by December 15, 2019.

Master of Science in Nursing, Nurse Educator
(https://www.uprovidence.edu/explore-programs/masters-in-nursing-education/)

Complete the enclosed Scholarship Application cover sheet and return it to nursing@uprovidence.edu. For consideration, applications and all admission requirements below must be fulfilled by December 15, 2019.

- Program Application: Both applicants must complete an online graduate application at www.uprovidence.edu.
- Official Transcripts: Both applicants must submit an official transcript that shows completion of a baccalaureate degree. Additional transcripts from other undergraduate coursework completed may be requested for admission review if a minimum 3.00 GPA was not achieved from the degree granting university.
- Personal Essay: Both applicants are required to complete a one-page essay.
- Curriculum Vitae or Résumé: Both applicants are required to submit a CV or résumé.
- Application Fee: Both applicants must pay a $50 application fee.
- Both applicants must sign and submit the Study Buddy Scholarship Application
- All documents and the application fees for both applicants must be submitted by December 15th, 2019.
- More than one study buddy referral can be made. Simply submit an additional form. (See page two for details.)
- Both/All study buddies must successfully continue in the program, so that the tuition scholarship can be applied.
2020 Study Buddy Scholarship

Application

University of Providence healthcare programs are designed for working professionals. We understand that it can be challenging to balance work, life, and school. The leadership and faculty of the University of Providence believe that there is strength in a community of learners, whether that community is on campus or online. The Study Buddy Scholarship was developed to support our community of learners and ease their way.

There are two ways to qualify:

- Students (MHA or MSN) who have been admitted/enrolled to begin their degree program in January 2020 may refer a friend and both will receive a single-term scholarship which will be applied to their second semester (Summer 2020) program tuition. Both buddies must complete all enrollment steps by December 15, 2019 and maintain eligibility.
- Students who have not yet been accepted or enrolled for January 2020 may enroll with a friend and complete all enrollment steps by December 15, 2019 and maintain eligibility. Both will receive a single-term scholarship which will be applied to their second semester (Summer 2020) program tuition.

This is a one-time non-renewable scholarship. Regardless of the number of referral buddies, scholarships are capped and exclusively applied to the tuition amount for the second semester (Summer 2020) of the program. Students must maintain eligibility by successfully completing the first semester (GPA 3.0 or better) and continuing enrollment to the second semester. Scholarship award is contingent upon successful progression of both buddies to the second semester.

We are applying for the January 2020 Study Buddy Scholarship for students and understand the terms of the scholarship.

Study Buddy 1  Student name (please print) _____________________________________________
(First)  (M.I.)  (Last)
Address:  _________________________________________________________________________

Program:  ☐ Master of Healthcare Administration  ☐ Master of Nursing, Nurse Educator

Study Buddy 1 Signature: __________________________________________________________

Study Buddy 2  Student name (please print) _____________________________________________
(First)  (M.I.)  (Last)
Address:  _________________________________________________________________________

Program:  ☐ Master of Healthcare Administration  ☐ Master of Nursing, Nurse Educator

Study Buddy 2 Signature: __________________________________________________________

By submitting a scholarship application, you are authorizing the release of information contained on the application as well as other appropriate information on file in the Offices of Financial Aid, Admissions, and Records for the purpose of determining eligibility for a scholarship administered by the University of Providence. You authorize the release of your name and degree for promotional purposes.