



Sinclair School of Nursing

University of Missouri Health

PhD Student Sinclair Fellowship

Applicant Name:	_____	_____	_____
	Last	First	MI
Current Address:	_____		
	Number & Street	City	State Zip
E-Mail Address:	_____		Date of Birth: _____
Phone Number:	_____		
MU Student/Employee ID:	_____		U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Driver's License #:	_____	State: _____	State of Residence: _____
Ethnicity			
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Non-Latino			
Race: Please check one or more that apply.			
<input type="checkbox"/> Asian (other) <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander			
<input type="checkbox"/> American Indian or Native Alaskan <input type="checkbox"/> Black or African-American			
<input type="checkbox"/> Asian (includes Chinese, Filipino, Japanese, Korean, Thai, and Asian Indian)			
Gender			
<input type="checkbox"/> Male <input type="checkbox"/> Female			
Have either of your parents attended college? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you from a rural residential background? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Definition of rural is a geographical area that is not part of a Metropolitan Statistical Area.			
Are you from a disadvantaged background? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Definition of a disadvantaged background is a citizen, national, or lawful permanent resident of the United States or the District of Columbia, the Commonwealths of Puerto Rico or the Marianas Islands, the Virgin Islands, Guam, the American Samoa, the Trust Territory of the Pacific Islands, the Republic of Palau, the Republic of the Marshall Islands and the Federated State of Micronesia who either:			
a) Comes from an environment that has inhibited the individual from obtaining knowledge, skills, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession; OR			
b) Comes from a family with an income below a level based on low income thresholds according to family size published by the U.S. Bureau of Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary, HHS, for use in health professions and nursing programs.			
What is your veteran status? <input type="checkbox"/> Active duty military <input type="checkbox"/> Reservist			
<input type="checkbox"/> Veteran (prior service) <input type="checkbox"/> Veteran (retired) <input type="checkbox"/> Not a Veteran			
I <input type="checkbox"/> am <input type="checkbox"/> am not in default of a federal or other loan.			

Are you receiving any financial assistance for this program? Yes No

If yes, please list source /amount:

Explain why you believe you deserve to be a Sinclair PhD Student Fellow.

The expectation for this Sinclair PhD Student Fellowship is full-time coursework (minimum 9 credits fall and spring; 3-6 credits summer). Please share your strategies for committing to full-time study, include family, work, and personal commitments.

Discuss how the Sinclair PhD Student Fellowship will assist you in achieving your academic and professional goals.

Sinclair PhD Student Fellowship Benefits and Agreement

The Sinclair PhD Student Fellowship is given primarily to outstanding first-year PhD students at the MU Sinclair School of Nursing. The recipient(s) will be enrolled as a new PhD student on a full-time basis, must not be a University of Missouri employee, must be enrolled in at least 9 credit hours fall/spring semesters and 3-6 credit hours in summer, and must maintain a 3.5 Grade Point Average (GPA). These fellowships are annual awards and may be renewable for up to two (2) more years, as long as the student is making satisfactory progress towards the degree (with no incompletes) and continues to meet these criteria. However, since the award is made primarily to first-year students, there is no guarantee of additional funding. The fellowship provides a \$10,000 stipend, awarded as follows: \$2,000 summer; \$4,000 fall; \$4,000 spring. Also, a waiver of the graduate tuition rate is provided while on the fellowship.

As a recipient of the Sinclair PhD Student Fellowship, I agree that the following statements are true: (initial statements if true)

_____ I am not an employee of the University of Missouri.

_____ I am committed to being a full-time PhD student for the next year.

_____ I understand that I am expected to maintain a 3.5 GPA while on this fellowship.

_____ If I am making satisfactory progress towards the PhD, this fellowship may be renewed for up to two more years (maximum of 3 years of funding).

_____ If the time to complete my PhD exceeds 3 years, it will be at my own expense.

I verify that the above information is correct and complete, and I hereby authorize verification as required by the school.

Printed Name: _____ Date: _____

Signature: _____

Please submit your completed application to:

Deidre Wipke-Tevis, PhD, RN
S323 Sinclair School of Nursing
University of Missouri
Columbia, MO 65211

Electronic submissions are encouraged and can be sent to wipketevisd@missouri.edu.