

**State University of New York
Health Science Center at Brooklyn
Office of Financial Aid**

**SUNY Empire State Minority Honors Scholarship
Application Form**

Student Name: _____ Downstate ID _____
Address: _____

City State Zip Code Telephone Number

Program:

- College of Nursing
 College of Health Related Professions (CHRP)

****Please note:*** *The Empire State Minority Honors Scholarship is a program for undergraduate New York State residents who are under-represented in the University's student population.*

- I have a FAFSA on file
 I am a U.S. citizen or permanent resident alien
 I am a New York State resident
 I believe I can contribute to the diversity of the campus because one of the following statements applies to me:
- I have overcome a disadvantage or other impediment to success in higher education
 - I have a physical or other disability •
 - I have a non-English speaking background
 - I am a first generation college student
 - I belong to a racial/ethnic minority
- If you answered "Yes" to all four questions you are eligible to apply. The number of awards and award amounts will vary depending on the applicant pool.

1. Submit this completed application form along with a brief essay (250-500 words is a suggested guideline).
Essay: Please tell us about yourself, your educational goals and the difficulties you have encountered trying to achieve those goals. Any other information you want the selection committee to consider.
2. Letter of recommendation from someone who can speak to your academic achievements and provide a subjective evaluation of the candidate's potential for academic success. The reference's signature, date and phone/email contact information.
3. Unofficial transcript(s) from your prior college(s).

Student's Signature _____ **Date:** _____

For Office Use Only

Reviewed by _____ Approved _____ Date: _____

Please return this form by **September 1, 2019 to: Financialaid@downstate.edu**

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