

The State University of New York  
Downstate Health Sciences University  
Office of Financial Aid

**SUNY Downstate Graduate Opportunity Program  
Application Form**

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_

Program:

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

**\*Please note:** Graduate Opportunity Program is a program for graduate New York State residents who are under-represented in the University's student population and former EOP/SEEK/College Discovery students.

- 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 and how pursuing a graduate degree will enhance your future plans. 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. Attach a copy of your resume

**Student's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**For Office Use Only**

Reviewed by \_\_\_\_\_ Approved \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form by **September 1, 2020** to: [Financialaid@downstate.edu](mailto:Financialaid@downstate.edu)

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