

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)
 School of Public Health

***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:** _____

For Office Use Only

Reviewed by _____ Approved _____ Date: _____

Please return this form by **September 1, 2020** to: Financialaid@downstate.edu

450 Clarkson Avenue, Box 110, Room 1-114
Brooklyn, NY 11203-2098
(718) 270-2488