



BLACK NATUROPATHIC OPPORTUNITY SCHOLARSHIP

Name _____

Street Address _____

City/State/Zip Code _____

Home Phone _____ Cell Phone _____

The Scholarship

Recipients of the scholarship will receive **50 percent off tuition for their first and second trimesters of study** in the ND program. In addition, recipients will receive one-on-one mentoring with a senior naturopathic medicine student.

Certification:

- I attest that I am Black/African-American and that I will allow the university to report my ethnicity as Black/African-American in all institutional reporting. I acknowledge that I am exclusively and solely responsible for all representations I make concerning my race in connection with the Black Naturopathic Opportunity Scholarship and my attendance at NUHS.
- I attest that I hold U.S. Citizenship or permanent residency;
- I attest that I have not pursued, nor have I previously earned a first-professional graduate degree from NUHS or any other college or university and therefore understand that this scholarship is not available to current students in the NUHS ND program;
- I understand the minimum requirements for admission to NUHS, and, in addition to this scholarship application, I will submit a complete application to the Office of Admissions. I also understand that there are a limited number of scholarships available for qualified applicants starting in any term from May 2021 to May 2023;
- I understand that the application deadline for this scholarship is one week prior to the intended term start;
- I understand that the scholarship cannot be combined with any other scholarships or waivers, except the President’s Achievement, President’s Excellence, Dean’s, or Visit Day Awards. Funding for this scholarship is based on the total adjusted cost of tuition, which excludes any refunds received from these awards, and does not apply toward any fees, books, room/board or living expenses;
- I acknowledge that I must maintain full-time, continuous enrollment with NUHS during my first two trimesters of study to receive the scholarship.
- OPTIONAL: If selected as an award recipient, I agree to have notification sent to my hometown newspaper; city/state _____, zip code _____.

I attest that I have completed this application to the best of my knowledge.

Print/Type Name _____

Signature _____ Date _____

Submission of Documents

Submit completed applications to financialaid@nuhs.edu -or- **National University of Health Sciences
Office of Financial Aid – Janse Hall, Upper Level
200 E. Roosevelt Road, Lombard, IL 6014**

Completed by Department

Admit Date and Program _____

- Confirm App Requirements
- Copy to Student Services