UT Health Northeast
Application for Financial Award

I. GENERAL INFORMATION (Please print)

NAME _____ STUDENT ID _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ EMAIL _____

II. QUALIFICATION INFORMATION (Check all that apply)

___I have submitted my application for admission to UT Health Northeast (**required**).
Indicate the graduate program you have applied to: _____

___I have been accepted into the above graduate degree program at UT Health Northeast.

___I am already enrolled in the above graduate degree program for the upcoming semester.

___ I have maintained a "B" average or better during the prior semester (if continuing).

III. TYPE OF FUNDING REQUESTED (Check with your program office for availability)

__Scholarship __ Assistantship

APPLICATION FOR: __Fall __Spring __Summer Year: ____

FIRST TIME APPLICANT: __Yes ___No

GRADUATE STUDENT CLASSIFICATION: ___PGY1 ___PGY2 ___PGY3 ___PGY4 ___PGY5+

FUNDING PREVIOUSLY RECEIVED (consideration for a continuing award): __Yes __No

IV. COURSE INFORMATION (for continuing applicants)

(Indicate course number, name, year, semester, grade and credit hours for each course.)

	Year	Semester	Grade	CH
Program's Core Courses:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Electives:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I understand that the granting of any financial award is contingent upon my being granted admission into the graduate degree program indicated. I further understand that this financial aid is being awarded by UT Health Northeast and I agree to attend classes and/or do research at UT Health Northeast. I certify that all the information provided on this application is complete and accurate. I also understand that all application and any course fees for graduate school at UT Health Northeast are my responsibility.

Signed: _____ Date: _____