



Department of Allied Health Sciences (DAHS) Student Scholarship Application Form

Use this form to apply for scholarships and awards offered by DAHS and/or your Division. Descriptions of available awards are posted on our Web site at <http://www.med.unc.edu/ahs/student-services/financial-assistance>.

Additional materials are required to apply for the Thorpe-Mitchell Diversity Leadership Development Award and the June C. Allcott Fellowship (see below). In order to receive full consideration for all available awards, you should also complete the [FAFSA](#) (Free Application for Federal Student Aid). **If you do not complete the FAFSA, you will not be considered for any scholarship or award that has a need-based component.**

The deadline for submission of your application and any necessary supporting materials is **May 31**. Please send your completed application to Katherine Pearl at kpearl@med.unc.edu. E-mail delivery is preferred, but you may mail your application to Ms. Pearl at the address above if necessary. **Incoming students should submit the application only after they have received an offer of admission from one of the DAHS divisions.**

Please note that the selection committees for the various awards may also seek additional information from other sources, such as your student records or the Office of Scholarships and Student Aid. Submission of this application constitutes your permission for the selection committees to gather additional information needed to consider you for the awards.

Name: _____ UNC PID: _____

Degree Program: _____

Home address: _____ E-mail: _____

Local address: _____
(if different from home) _____

Please list primary e-mail address, and additional or alternate address if available.

I am applying for: (check all that apply)

Scholarships awarded by my division: (please specify division) _____

UNC Hospitals Volunteer Association Fellowships

Awarded to deserving allied health students who, in addition to having financial need and scholastic ability, exhibit characteristics of emerging professional excellence

Thorpe-Mitchell Diversity Leadership Development Award ****requires additional statement and information****

Awarded to incoming students from underrepresented minority groups who demonstrate leadership potential in the areas of diversity issues and cultural sensitivity.

June C. Allcott Fellowship

****requires additional essay and recommendation letter****

Awarded to students with an outstanding record of public service.



If you do not have information that fits into one of the categories listed below, please leave the area blank. The selection committees understand that activities and experiences will vary according to each student’s area of study. Please attempt to use only the space provided on the application by listing your most relevant experiences.

Education (reverse chronological, starting with current Allied Health program)

Degree Program or Field of Study	School	Start Date	End Date	Degree or Certificate Earned

Clinical Interests: _____

Relevant Clinical Experiences (reverse chronological, starting with most recent)

Position title (if applicable), Company or Organization	Brief description of responsibilities	Start Date	End Date	Paid employment, internship, or volunteer?



Research Interests: _____

Relevant Research Experiences (reverse chronological)

Position title (if applicable), Company or Organization	Brief description of activities	Start Date	End Date	Approx hours per week

Volunteer Activities/ Public Service (reverse chronological)

Position title (if applicable), Company or Organization	Brief description of activities	Start Date	End Date	Approx hours per week



Additional Professional Experiences (reverse chronological)

Position title (if applicable), Company or Organization	Brief description of activity	Start Date	End Date	Approx hours per week

Scholarships, Awards, Honors

Name	Presenting Organization	Award Criteria	Year Received

Personal Statement (200 words or less)

Describe your career aspirations (i.e., what you hope to accomplish in your profession).



Thorpe-Mitchell Diversity Leadership Development Award

To be considered for this award, please complete the supplemental statement below and provide the name of a faculty member who can recommend you for the award. No letter is required.

Faculty Member Name: _____

E-mail or other contact information: _____

Thorpe-Mitchell Supplemental Statement (300 words or less)

Describe how your work/life experiences have positively influenced your sensitivity to issues related to diversity and how you will use the experiences to assist other students and to impact your community.



June C. Allcott Fellowship

To be considered for this award, please write an essay as described below AND submit a letter of recommendation commending your community service. Letters may be submitted via e-mail to Katherine Pearl at kpearl@med.unc.edu or sent by mail to the following address: Katherine Pearl, Department of Allied Health Sciences, UNC Chapel Hill, CB #7120, Chapel Hill, NC 27599-7120.

Allcott Essay (1,000 words or less)

Describe your past, present, and/or proposed community service projects. “Community service” is broadly understood as making helpful connections with people to improve a person’s or community’s quality of life, to bring comfort, or to broaden one’s perspectives. Community service may be in any arena and is not restricted to health projects.