Academic Senate “Leaders in Health” Scholarship

The Leaders in Health Scholarship was established by the Academic Senate to provide CDU students who have demonstrated leadership skills with a scholarship to further their health education at CDU and fulfill their leadership potential.

Two $1500.00 scholarships will be awarded annually. Students may only receive the scholarship once.

Applicants must complete a “Leaders in Health” scholarship application and meet the following eligibility requirements:

- Demonstrated ability in leadership and commitment at school or in the community
- Must have been enrolled in a CDU degree-granting program in either COSH or COM for 12 months prior to application
- Must have at least 1 term remaining in residence at CDU
- Must be in good academic standing with a GPA greater than 3.0
- Must submit three (3) letters of recommendation that attest to the student’s leadership skills and potential (from a CDU faculty member, Dean, and/or leader of a community program or previously attended academic program). At least two letters MUST be from CDU faculty members and/or Deans.

All applications will be reviewed by a committee of the CDU Academic Senate.

Deadline for submission: December 11, 2009

Award Announcement: January 4, 2010

Questions? Please contact: Mr. Mike Scott, Academic Senate Administrator
323-563-5978 or academicsenate@cdrewu.edu

Dr. Samantha Gizerian, Scholarship Committee Chair
323-563-5884 or sgizerian@cdrewu.edu

Applications must be submitted all in one packet to:

Academic Senate Health Leaders Scholarship
C/O Mr. Mike Scott, Academic Senate Administrator
Charles Drew University of Medicine and Science
1731 E 120th St, Bldg. N
Los Angeles, CA 90059
HEALTH LEADERS SCHOLARSHIP APPLICATION

Student Name: ___________________________________ Social Security #: __________________

Address: __________________________________________________________________________

City, State Zip code: _________________________________________________________________

Home Telephone #: __________________________ Alternate Telephone #:____________________

Fax #: ______________________________________ Email Address: ____________________________

Date of Birth: ___________________________ Sex: ___ Male ___ Female

Have you received a scholarship or grant from this University? If yes, list them: _________________

________________________________________________________________________

Are you currently enrolled at this institution? ________Yes _________No

Are you in default of financial aid? ________Yes _________No

If Yes, please provide Financial Aid documentation explaining your default.

Are you a continuing student? ________Yes _________No

Number of remaining semesters _____________________

What is your Major or Program? ________________ Date of Enrollment ________________

Are you full-time or part-time student? ______________Full-time _________Part-time

Number of Units currently enrolled ________________

Are you seeking a Degree or Certificate? __________Degree _____________Certificate

Anticipated graduation date: ________________________________

What is your cumulative GPA at CDU? - (please attach an official transcript) _________________

Essay: In less than 1000 words, develop an essay that responds to the following question (Please attach a separate sheet(s) with your response. Please print or type.)

What does “leadership” mean to you? How is it a part of your life? How have you contributed leadership to your school and community? How do you plan to continue to demonstrate leadership in your chosen career? What can you do to be a better leader?
LETTERS OF RECOMMENDATION
Please provide the committee with three (3) letters of recommendation. At least two (2) letters must be from a faculty member or Dean at Charles Drew University. The other letter can be from a community leader, previous instructor, or any other person that can comment on your character, leadership skills, and worthiness to receive this scholarship.

I hereby acknowledge that all of the information included in this application is true and complete to the best of my knowledge. I understand that in order to receive the scholarship; I must be able to verify that I meet ALL of the requirements, and failure to do so will result in disqualification.

Signature: ___________________________ Date: ___________________________

Print name: __________________________

PLEASE SUBMIT ALL DOCUMENTS IN ONE PACKET TO:

Academic Senate Health Leaders Scholarship
C/O Mr. Mike Scott, Academic Senate Administrator
Charles Drew University of Medicine and Science
1731 E 120th St, Bldg. N
Los Angeles, CA 90059