ATTACHMENT A

Form of the Scholarship Request Application

Scholarship Request Application

University of New England (UNE) in conjunction with Wheeler Health ("Institution") offers a scholarship totaling **25%** of tuition charges for the term and number of credits as indicated below. Additional fees beyond tuition are the responsibility of the student. This scholarship only applies to UNE online graduate courses which contribute to its online graduate degree programs, including the (i) graduate programs in Social Work and its (ii) its graduate programs in Public Health (excluding unnecessary electives) (collectively "Courses"). Courses per student are allowed to be repeated in this Application once per Course. Failure to meet satisfactory progress in the Courses may cause the student to lose eligibility of the Scholarship.

This application must be completed and approved **EACH TERM** for each student enrolled in the Course(s). **Please send the completed and signed application to: onlineadmissions@une.edu.**

Name:	
UNE PRN:	

	Term Enrolled (ex: 2026)	**Number of Credits Enrolled**
Fall:		
Spring:		
Summer:		

Note: It is the student's responsibility to notify UNE's Student Financial Services of any changes in enrollment.

Applicant's Signature: _____

Required approval:

Institution's Signature: _____

UNE College of Professional Studies: _____