ATTACHMENT A

Form of the Scholarship Request Application

Scholarship Request Application

University of New England (UNE) in conjunction with Northern Light Health ("Institution") offers a scholarship totaling, (i) **15%** of tuition charges for Courses in Master of Business Administration Program (ii) **25%** of tuition charges for Courses in Social Work graduate programs, (iii) **25%** of tuition charges for Courses in Masters of Applied Nutrition Program, (iv) **25%** of tuition charges for Courses in Doctor of Clinical Nutrition Program, (v) **25%** of tuition charges for Courses in Masters of Public Health Program, (vi) **25%** of tuition charges for Courses in Masters of Biomedical Science Program,(vii) **25%** of tuition charges for Courses in Doctor of Education Program, and (viii) **25%** of tuition charges for Courses in Master of Psychiatric Mental Health Nurse Practitioner Program, 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 Program Courses which contribute to these degree programs (excluding unnecessary electives). 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 email the signed form to**: **onlineadmissions@une.edu**

Name:	
UNE PRN:	

	Term Enrolled (ex: 2025)	**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 signatures:

Northern Light Health: _____

UNE College of Professional Studies: _____