

**UNIVERSITY OF NEVADA SCHOOL OF MEDICINE
Department of Speech Pathology & Audiology**

Scholarship Needs Assessment

Name: _____ **Phone:** _____

Address: _____ **Date:** _____

Undergraduate GPA: _____

Graduate GPA: _____ **Remaining Credits:** _____

Cost estimate of tuition/fees for each year of grad program: _____

Employment: _____ **Hours per week:** _____

Weekly income: _____

Do you plan on keeping this employment through your graduate program? _____

Scholarships received & amounts:

Dollar amount from other sources of financial support (i.e., income for school purposes from family, personal loans, etc.): _____

Financial Need:

Department/University clubs & activities:

Community/Volunteer activities: