



### Dr. Khan Nedd Scholarship Application

Sponsored by the Grand Rapids African American Health Institute’s Pathways to Healthcare Careers Department, The Dr. Khan Nedd Scholarship was established as a solution to the historic financial barriers underserved and underrepresented populations face when pursuing a career in healthcare.

**Qualifications:** Applicants must possess a 2.5/4.0 GPA minimum; Must be exploring a healthcare industry career; be either a GRPS or Kentwood Public Schools student or alumni; demonstrate financial need; be a member of a historically underrepresented population in higher education; completed the FAFSA.

**Awards:** All awards will be disbursed upon verification of enrollment in a certificate or academic program from a two- or four-year institution. Awards will be announced in mid-June, and payments will be processed during the month of July and will be distributed in August.

**Award Amounts:** Varies based on financial need; \$2,000 and up to the cost of tuition.

**Directions:** Download the completed sections of the application and submit all the requested documents in pdf format to scholarship@graahi.org by 5 PM EST on Friday, May 3, 2024. The awards will be determined by a committee and will be based on the material submitted in your application and attachments.

### APPLICANT INFORMATION:

I am in the My Pace Program:    True    False

Name \_\_\_\_\_  
   First    Middle    Last Name

Address \_\_\_\_\_  
   Street    City    Zip Code

Current School/Institution Name \_\_\_\_\_

Did you graduate from a GRPS High School?    Yes    No

Did you graduate from a Kentwood Public High School?    Yes    No

If yes, which school? \_\_\_\_\_

Do either of your parents hold a four-year degree? (circle)    Yes    No

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Email: \_\_\_\_\_ Student Cell No. \_\_\_\_\_

Best Method of Contact (circle preference):    Text    Phone    Email

**REMEMBER ALL FORMS AND RESPONSES MUST BE COMPLETE AND SUBMITTED TOGETHER**



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**FINANCIAL NEED:**

Are you going to college for the first time? Yes                      No

What is your anticipated total cost of attendance? \_\_\_\_\_

What is your Estimated Family Contribution or Estimated Student Aid Index (EFC on the FAFSA or ESAI)-  
\_\_\_\_\_

List all federal, state, grants, and outside aid to date: \_\_\_\_\_  
\_\_\_\_\_

*Answer if you are above the age of 24 or are an emancipated minor:*

Gross Annual Income: \_\_\_\_\_

Number of Dependent(s): \_\_\_\_\_

If you have dependents, do you currently have childcare? Yes                      No

***\*Please attach a narrative of 350 words or less outlining/itemizing additional financial barriers that are hindering you from completing your education. Include approximate costs for all concerns stated in your narrative.***

**ATTACHMENTS:**

- ✓ Resume which includes education, certifications, credentials, employment history, and honors/awards received including the month and year.
- ✓ Essay: Please submit an essay addressing how your background, educational background, lived experiences, mentors, etc. has influenced your career goals and how you see your credential changing the healthcare system.
- ✓ Transcripts: If you are a current student, request your formal transcript to be sent to Grand Rapids African American Health Institute 500 Lafayette Avenue, Suite 018, NE Grand Rapids, MI, 49503 to be used as verification. If you are entering a program, provide your most recent transcript from your high school or GED.
- ✓ Letter of recommendation: attach one letter of reference from a teacher, professor, mentor, or former employer. Letters of recommendation should be addressed to "Dr. Khan Nedd Scholarship Committee".

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