



Tolle Totum - Treat the Whole Person **Need Based Grant Application**

General Information and Eligibility Criteria

Amounts: \$500-\$1000

Timeline: Award announced fall 2008

Criteria:

- ❖ Must be a continuing student
- ❖ Must be eligible for US federal loans
- ❖ Must submit FAFSA 2008-2009
- ❖ Award recipient must remain enrolled for one full calendar year during award.

Amount to be awarded over a period of two quarters. Award applied against student account.

Contact: Financial Aid Office, Phone (480) 858-9100 x202 or financialaid@scnm.edu.

Application

Please complete this form and submit with the required essays to the Financial Aid Office. On a separate page, write an essay (under 600 words) addressing the following two essay questions.

1. Address the Naturopathic principle of *Tolle Totum*, (treat the whole person) and what it means to you as a future practitioner of Naturopathic Medicine.
2. Write an explanation of your current financial situation and discuss how receiving the *Tolle Totum* Scholarship award would enhance your financial and academic potential at SCNM.

Please note: Essays over 600 words will be disqualified.

Submit completed application to: The Financial Aid Office

Completed forms must be received by or postmarked by May 1, 2008.

Awarding

The SCNM Enrollment Management Executive Committee will review the applications. Applications will be evaluated on a competitive basis based on the criteria of a need based award. If you have any questions regarding the process, please contact the Financial Aid Office at (480) 858-9100 X202 or email financialaid@scnm.edu.

Legal Name: _____

Address: _____

City/State/Zip: _____ Telephone Number: _____

Email Address: _____

To be completed by Financial Aid Officer:

Please base the following numbers on a **single quarter of enrollment only**. If aid for the current or upcoming award period is not yet determined, please use numbers from the most recent award period. Please be mindful of the application deadline as listed above.

1) Total **loans** awarded for this award period: \$ _____

2) **Estimated Family Contribution** (please use federal methodology): \$ _____

To my knowledge, the information provided above is true and correct and in accordance with policies in effect at this institution at the time of application.

Financial Aid Officer's Signature: _____ Name: _____

Date: _____