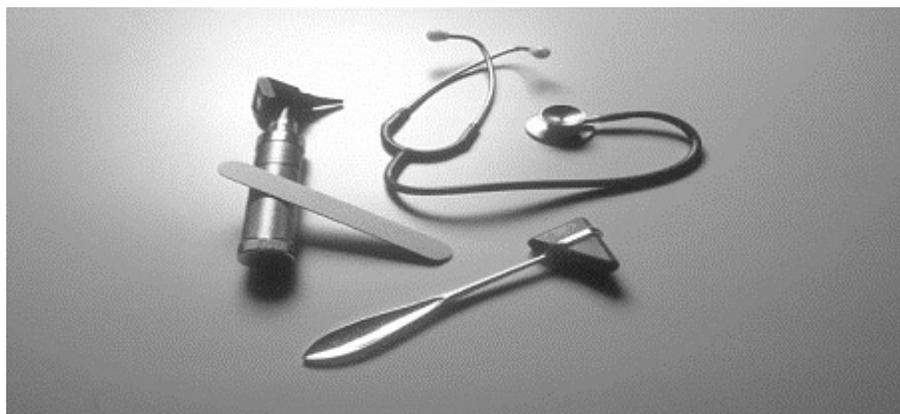


# REGENTS HEALTH CARE SCHOLARSHIPS IN MEDICINE AND DENTISTRY



## Candidate Information Bulletin 2009 Competition

All applications must be postmarked by  
**June 1, 2009**

Awards are contingent upon appropriation of funds in the  
2009 session of the New York State Legislature.

The University of the State of New York  
THE STATE EDUCATION DEPARTMENT

Office of K-16 Initiatives and Access Programs  
Scholarships and Grants Administration Unit  
Room 967 Education Building Addition  
Albany, New York 12234  
518-486-1319  
[www.highered.nysed.gov/kiap](http://www.highered.nysed.gov/kiap)



January 2009

# THE UNIVERSITY OF THE STATE OF NEW YORK

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## FORM

Application for the Regents Health Care Scholarship 2009 Series



## I. GENERAL PROGRAM INFORMATION

This bulletin provides information about the State-funded Regents Health Care Scholarship (RHCS). Pending the appropriation of State funds during the 2009 session of the New York State Legislature, 100 scholarships will be available, ranging up to \$10,000 per year for payment of medical or dental school expenses. Eighty (80) of the scholarships will be available for medicine and twenty (20) for dentistry.

Awards are renewable for up to four years of study. No award shall exceed the actual cost of attendance, and award recipients must agree to a service commitment upon completion of all professional training, including an internship or residency.

Scholarships will be awarded to eligible students beginning, or already enrolled in, an approved New York State medical or dental school leading to licensure as a physician or dentist. Applicants who are unsuccessful in this competition may compete in subsequent years, provided they continue to meet the eligibility requirements.

**DEADLINE - June 1, 2009.** All applications must be postmarked by June 1, 2009.

**For information on specific licensure requirements, contact:**

New York State Education Department  
Office of the Professions  
89 Washington Avenue, Albany, NY 12234-1000  
Phone: 518-474-3817  
Web: [www.op.nysed.gov](http://www.op.nysed.gov)

## II. ELIGIBILITY

- A. Applicants must attend or plan to attend a New York State-approved medical or dental program in New York State during the 2009-2010 academic year. The list of approved professional schools appears in Appendix A.
- B. All candidates must have been legal residents of New York State for one year before the beginning of the 2009-2010 academic year. To qualify as legal residents, candidates **must** maintain an actual residence in New York State and consider New York State their permanent home; **and** must be citizens of the United States, **or** aliens lawfully admitted for permanent residence in the United States, **or** individuals of a class of refugee paroled by the Attorney General of the United States under his parole authority pertaining to the admission of aliens to the United States. However, the New York State residency requirement may be waived for military personnel, including their spouse and/or dependents, who are stationed in New York State on full-time active duty. If you are a member of the military, attach documentation on official letterhead confirming your active duty status and duty station. If you are the spouse or dependent of a member of the military, attach documentation on official letterhead confirming that person's active duty status and duty station and your spouse/dependent status.

- C. The selection criteria defined in law requires awards to be made in the following order of priority:

- Priority 1: be economically disadvantaged (see Appendix B) **and** a member of a minority group historically underrepresented in the licensed professions, or
- Priority 2: be a member of a minority group historically underrepresented in the licensed professions, or
- Priority 3: be a student who is enrolled in or is a graduate of one of the following State-sponsored opportunity programs: the Search for Education, Elevation and Knowledge (SEEK) or the College Discovery Program (CD), sponsored by the CUNY; the Educational Opportunity Program (EOP), sponsored by the SUNY; or the Higher Education Opportunity Program (HEOP), offered through some independent colleges and universities.

For purposes of this program, underrepresented minorities include residents of New York State who are ***Black, Hispanic, Native American or Alaskan Native***. Scholarships are distributed by means of random selection within the priority groups.

- D. If you were previously a recipient of a Regents Health Care Scholarship, **do not** reapply. Recipients seeking information on payments for an award should write to the Higher Education Services Corporation (HESC), the New York State agency responsible for disbursement of scholarship funds at:

New York State Higher Education Services Corporation (HESC)  
Division of Grants and Scholarships/Scholarship Unit  
99 Washington Avenue  
Albany, NY 12255  
Phone: 888-697-4372  
Web: [www.hesc.org](http://www.hesc.org)

### III. TERMS AND CONDITIONS

#### A. Attendance:

**Scholarship recipients must be enrolled full-time<sup>1</sup> in an approved program in New York State (see Appendix A) and must continue to study without interruption during the term of the scholarship.** The award will begin on July 1, 2009 and end on June 30, 2010. Recipients who do not begin a designated program of study during the academic year will lose the award. Applicants who are unable to utilize scholarship awards may reapply in subsequent competitions, provided they continue to meet eligibility requirements. (No priority is given to applicants who decline an award and reapply.)

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<sup>1</sup> At least twelve (12) semester hours or the equivalent per term for a minimum of 24 hours during the academic year.

NOTE: Candidates may submit an application for a RHCS before being notified of admission to a medical or dental school; **however, being awarded a scholarship in no way indicates or guarantees admission to a professional school.** The State Education Department's Office of K-16 Initiatives and Access Programs does not admit students into medical or dental schools. Applicants should contact the institution of choice for specific admission information.

**B. Concurrent Benefits:**

1. **Scholarships:** Scholarship winners **may not** receive other educational benefits that duplicate the purposes of the Regents Health Care Scholarship in Medicine or Dentistry.
2. **Grants:** Scholarship winners **may** receive benefits under the New York State Tuition Assistance Program (TAP) and Federal student financial aid programs. The total RHCS award may not exceed the cost of attendance<sup>2</sup>.
3. **Loans:** There are no restrictions on State or Federal loans that must be repaid by students or their families.

**C. Service Agreement:**

Upon receipt of a Regents Health Care Scholarship, a recipient acknowledges that, upon completion of professional training and licensure, he or she will practice in New York State the profession for which the scholarship was granted and will practice in an area or facility designated by the Board of Regents as having a shortage of physicians or dentists. "Practice" refers to employment as a licensed physician or dentist providing full-time (at least 35 hours per week) direct patient care; for the purposes of the RHCS service agreement, the practice of medicine does not include service as an intern or resident. **Recipients are required to serve a minimum of 24 months, even if they receive only one annual payment.** Within one year of the completion of professional training, Peace Corp and/or active military service, award holders must forward to the New York State Higher Education Services Corporation (HESC) for approval, a letter outlining the intended service and identifying the proposed job title as well as the name and address of the employer.

Recipients failing to comply with the service requirement must repay the full amount of all scholarship monies plus penalty and interest. The repayment amount will be determined by the formula:

$$\frac{A = 2 B(t-s)}{t}$$

in which "A" is the amount to be repaid; "B" is the sum of all payments made to the recipient and the interest on this amount which would be payable if, at the time such payments were made, they were loans bearing interest at the maximum

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<sup>2</sup> Cost of attendance includes: tuition, required fees, laboratory and other instructional fees, related expenses, books, transportation, and room and board.

prevailing rate; "t" is the total number of months of obligated service; and "s" is the number of months of service actually rendered. Any amount which the President of the Higher Education Services Corporation is entitled to recover under this paragraph shall be paid within the five-year period beginning on the date that the recipient failed to comply with the service conditions. In the event that repayment is required, a recipient agrees to the exercise of jurisdiction over this cause of action by the courts of New York State and to the execution of a judgment rendered by the New York courts in any jurisdiction. A formal service agreement will be mailed to successful applicants when they are offered a scholarship.

**D. Health Care Shortage Areas:**

A scholarship recipient who becomes licensed as a physician must practice in one of the Regents-designated shortage areas at the time of completion of all professional training. A scholarship recipient who becomes licensed as a dentist must submit to the Commissioner for approval a proposal to serve a population in New York State whose level of dental care is demonstrably lower than that of most residents of the State.

Note: Positions in some medical specialties in shortage areas may be limited and difficult to obtain. **However, the service agreement requires that the scholarship recipient obtain employment in a shortage area, even if they will not be practicing in their specialty.** Physicians are responsible for securing their own positions.

**The designated physician shortage areas in New York State are limited to primary care practitioners.** However, certain medical specialties *in selected counties or geographic regions* are also considered shortage areas: anesthesiology, cardiology, dermatology, emergency medicine, gastroenterology, general surgery, neurology, obstetrics/gynecology, ophthalmology, orthopedic surgery, otolaryngology, pathology, physical and rehabilitative medicine, preventive medicine, radiology, and urology. In addition to these medical specialties, certain sub-specialties such as nephrology may be designated a shortage area at selected New York State-approved hospitals. Psychiatry is considered primary care in certain facilities.

Award recipients may not cancel or withdraw the agreement to practice, even if it is done prior to completing medical or dental training. **When a recipient fails to comply with service commitment requirements, the full amount of the scholarship and interest will be subject to repayment within five years.**

A booklet containing currently designated physician shortage areas may be obtained by writing the New York State Education Department, Office of K-16 Initiatives and Access Programs, Scholarships and Grants Administration Unit, Room 967 EBA, Albany, NY 12234. The information is also accessible at: [www.highered.nysed.gov/kiap](http://www.highered.nysed.gov/kiap). **Please note that the shortage area booklet is updated annually and changes are effective January 1 of each year.**

#### IV. APPLICATION MAILING INFORMATION

All candidates must submit the application form for the 2009 Series Regents Health Care Scholarship Program to:

Office of K-16 Initiatives and Access Programs  
Scholarships and Grants Administration Unit  
Room 967 Education Building Addition  
Albany, New York 12234

The application must be **postmarked by June 1, 2009**. Failure to follow the application directions outlined in Appendix C may result in delay and/or disqualification of the application.

#### V. NOTIFICATION OF RESULTS

Winners will be advised of the results of the competition beginning in July 2009. When approval of the State Budget is delayed, the notification of awards will also be delayed and may be later than July 2009. Winners will be required to submit a response accepting or declining the award. **Failure to file an acceptance within the prescribed period will result in the cancellation of the scholarship offer.**

#### VI. ALTERNATE WINNERS

When a scholarship is declined, it is immediately offered to the first name on the established alternate list for that field (medicine or dentistry). Offers to alternates may be made at any time, up to and including December 31 of the award year. The number of offers to alternate winners, however, cannot be predicted. Therefore, it is not possible to estimate the probability of granting an award, nor guaranteeing an award to an applicant who has been designated as an alternate.

#### VII. PAYMENT PROCEDURES

The Office of K-16 Initiatives and Access Programs, Scholarships and Grants Administration Unit of the State Education Department is responsible for administering the scholarship competition and designating winners. The processing of scholarship payments, however, is assigned to a separate agency, the Higher Education Services Corporation (HESC). When candidates win and accept scholarships, the names of each winner will be forwarded to HESC. **Note that Regents Health Care Scholarship winners who are found by HESC to be in default on a guaranteed student loan are ineligible to receive payments under this program. Questions about payments or deferral of payments while on leave of absence should be directed to:**

New York State Higher Education Services Corporation (HESC)  
Division of Grants and Scholarships/Scholarship Unit  
99 Washington Avenue  
Albany, NY 12255  
Phone: 888-697-4372  
Web: [www.hesc.org](http://www.hesc.org)

**Change of Address:** All scholarship candidates are responsible for notifying the Office of K-16 Initiatives and Access Programs, Scholarships and Grants Administration Unit, of any changes in their mailing address. All scholarship winners are responsible for notifying HESC's Scholarship Unit of changes in their mailing address.

## **APPENDIX A**

### **APPROVED PROFESSIONAL SCHOOLS FOR REGENTS HEALTH CARE SCHOLARSHIPS IN MEDICINE AND DENTISTRY**

#### **MEDICINE**

Albany Medical College  
Columbia University  
New York Institute of Technology, College of Osteopathic Medicine  
New York Medical College  
New York University, School of Medicine  
SUNY Buffalo, School of Medicine  
SUNY Health Science Center at Brooklyn  
SUNY Stony Brook, School of Medicine  
SUNY Health Science Center at Syracuse  
Touro College  
University of Rochester, School of Medicine  
Weill Cornell Medical College  
Yeshiva University, Albert Einstein College of Medicine

#### **DENTISTRY**

Columbia University, School of Dental and Oral Surgery  
New York University, College of Dentistry  
SUNY Buffalo, School of Dentistry  
SUNY Stony Brook, School of Dentistry

## APPENDIX B

### DEFINITION OF ECONOMICALLY DISADVANTAGED

**1. A student is considered economically disadvantaged if he or she is a member of:**

- a household supported by one parent if dependent, by the student or by a spouse if independent, whose total annual income is not more than the applicable amount listed in the table below; **or**
- a household supported by more than one worker (parents if dependent, student and spouse if independent) in which the total annual income does not exceed the applicable amount listed in the table below by more than \$4,800; **or**
- a household supported by **one worker** (parent if dependent, student if independent) who is the sole support of a one-parent family in which the total annual income does not exceed the applicable amount listed in the table below by more than \$4,800; **or**
- a household supported by **one worker** (parent if dependent, student if independent) who is working two or more jobs at the same time in which the total annual income does not exceed the applicable amount listed in the table below by more than \$1,800.

The number of members of a household shall be determined by ascertaining the number of individuals living in the student's residence who are economically dependent on the income supporting the student.

**2. Income Table for Economically Disadvantaged**

Number of Members in Household (Including Head of Household)	Total Annual Income In the 2008 Calendar Year
1	\$15,590
2	21,000
3	26,420
4	31,830
5	37,240
6	42,650
7	48,060

plus \$5,410 for each member in excess of 7

### 3. Exceptions

Reference to the family income scale need not be made if the student falls into one of the following categories, and documentation is available:

- a) the student's family is the recipient of aid to dependent children or family assistance program aid or home relief or safety net assistance through the New York State Department of Social Services or the New York State Office of Temporary and Disability Assistance or a county department of social services; or is the recipient of family day-care payments through the New York State Department of Social Services or the Office of Children and Family Assistance or a county department of social services;

**or**

- b) the student is living with foster parents who do not provide support for college, and no monies are provided from the natural parents;

**or**

- c) the student is a ward of the State or a county.

### 4. Independent Students

For purposes of these scholarships, an independent student is one who:

- a) is 24 years of age or older by December 31 of the program year; **or**
- b) meets one of the following requirements:
  - 1. is an orphan or ward of the court (in the Federal definition, a student is considered independent if he or she is a ward of the court or was a ward of the court until the individual reached the age of eighteen);
  - 2. is a veteran of the Armed Forces of the United States, who has engaged in active duty in the United States Army, Navy, Air Force, Marines, or Coast Guard, and who was released under a condition other than dishonorable;
  - 3. is a married individual;
  - 4. has legal dependents other than a spouse;
  - 5. is a student for whom an opportunity program and financial aid administrator have made a documented determination of independence due to other unusual circumstances.

## APPENDIX C

### DIRECTIONS FOR COMPLETING THE APPLICATION FOR THE REGENTS HEALTH CARE SCHOLARSHIPS IN MEDICINE AND DENTISTRY

1. NAME: Print your name in the space provided.
2. ADDRESS: Print your address; be sure to include apartment number if applicable.
3. SOCIAL SECURITY NUMBER: Your social security number is required. The information is kept confidential.
4. BIRTH DATE: Your date of birth is helpful, but not mandatory. The information is kept confidential.
5. TELEPHONE/E-MAIL ADDRESS: Indicate a phone number where you can be reached, and your e-mail address, if applicable.
6. LEGAL RESIDENT: In order to be eligible to apply for this scholarship you must be a legal resident of New York State (see Section II.B).
7. GENDER: Indicate your gender. Gender information is optional and is kept confidential.
8. RACE/ETHNICITY: Check the item that most accurately reflects your racial/ethnic background. Race/ethnicity is required and failure to respond may prevent determination of an applicant's priority status under the mandated selection criteria.
9. PROFESSION: Check one box to indicate the profession in which you are applying for a scholarship.
10. EDUCATIONAL BACKGROUND: Enter your complete undergraduate and graduate studies information.
11. PRIORITY GROUP: This item must be completed in order for this office to make a correct determination of an applicant's priority ranking and economic eligibility for an award. See Appendix B for definition of economically disadvantaged.
12. AFFIRMATION: Sign and date the affidavit **in pen** at the bottom of the form attesting to the accuracy of all information provided.

## APPLICATION FOR THE REGENTS HEALTH CARE SCHOLARSHIP 2009 SERIES

**Submission deadline: June 1, 2009**

**1 Name**

Last

First

Middle

**2 Address**

Line 1

Line 2

Line 3

City

State 



 Zip Code

Country/Province

**3 Social Security Number**  
*(Leave this blank if you do not have a U.S. Social Security Number)*

**4 Birth Date** Month 







 Day 







 Year

**5 Telephone/E-mail Address**

**Daytime Phone**

Area Code      Phone

**E-mail Address** (Please print clearly)

**6** Have you been a resident of New York State since July 1, 2008?  **Yes**  **No**

**7** Check the box that reflects your gender:  Female  Male

**8** Check the response below that most accurately reflects your racial/ethnic background:

American Indian or Alaskan Native       Asian or Pacific Islander       Black-Non Hispanic

Hispanic       White-Non Hispanic

**9** Check the profession for which you are applying:

Medicine (MD)       Dentistry (DD)

**10** Enter complete information regarding your educational background:

Name of High School or College Attended	Dates of Attendance		Type of Course or Major Subject	Degree and Date Completed	
	From	To		Degree	Date

**11 Priority Group:** Check **only one** and provide the information requested:

Group 1: Economically disadvantaged and a member of a designated minority group (see Appendix B of the Candidate Information Bulletin for a definition of economically disadvantaged).

Total family members in household in 2008: \_\_\_\_\_

Total 2008 family income: \_\_\_\_\_

Group 2: Member of a designated minority group (not economically disadvantaged).

Group 3: If currently enrolled or education completed through a New York State Funded Opportunity Program, indicate below:

Higher Education Opportunity Program - HEOP (Independent)

Education Opportunity Program - EOP (State University of New York)

Search for Elevation, Education, and Knowledge - SEEK (City University of New York - 4 years)

College Discovery (City University of New York - 2 years)

School: \_\_\_\_\_

Dates of attendance: From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr. mo. day yr.

**12 Affirmation**

I, the undersigned, being the applicant for a Regents Health Care Scholarship, hereby affirm, subject to the penalty for perjury, that the information submitted on this form and any attachments thereto is accurate and complete to the best of my knowledge and belief. Also, I understand and agree that submission of this application for a scholarship constitutes authorization to the Higher Education Services Corporation, the New York State Income Tax Department, and the United States Internal Revenue Service, to release to the New York State Education Department such tax information concerning home income and financially independent status as may be necessary to verify any statements made herein.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.







