

Ave. Ponce de León 560 Hato Rey, PR 00918 / P.O. Box 192303 San Juan, P.R. 00919-2303 Tel. 787.765.3560 Fax. 787.777.0025 www.edpuniversity.edu

Promoting Postbaccalaureate Opportunities for Hispanic Americans PPOHA AWARD #P031M190042

| General information | Academic Period | | | | |
|---|--|--|--|--|--|
| Date: / / / MONTH DAY YEAR | ☐ January | March | ☐ June | August | October |
| Master's Degrees | | | | | |
| San Sebastián Campus Enfermería Cuidado Crítico/Agudo | Gere | nas de Infoi ncia Estraté | gica | e Investigad | ción de Fraude |
| Student Information | | | | | |
| Name: M | aiden Name | Fire | st Name | Ir | nitial |
| EDP University Student ID# | | | | | |
| Mailing Address: | | | | | |
| City: State: | | | | | |
| Daytime Contact Phone: | Evening | /Other Con | tact Phon | e: | |
| Date of Birth (for ID purposes)/_ | | Age: | | | |
| E-mail Address: | | | | _ | |
| Demographic Information: The United Postbaccalaureate Opportunities for Hispar report these demographic data on each proin order to receive this grant. Ethnic and r EDP University of Puerto Rico, Inc., to proregard of race, color, gender, age, religious condition. Prospective students may apply | nic Americans gram applica acial definitico ovide access, or political a | (PPOHA) Pr nt. Providin ons are defir admit and ffiliation, na | ogram reg g this info ned by the offer serv tionality, | quires that armation is resulted to the USDE. It in the vices to stude the ethnic original arms are the content of the ethnic original arms. | EDP University not mandatory is the policy of dents without n, or handicap |
| Gender (select one) Female M | lale 🔲 I | do not wish | to provid | de this infoi | rmation. |



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Citizenship: (select one) In order to qualify for the scholarship program, applicants must be citizens of the United States of America, or aliens lawfully admitted to the United States for permanent residence. U.S. Citizen U.S. Permanent Resident Alien Registration Number: Other non-U.S. Citizen I do not wish to provide this information Ethnic Background: (select one) Hispanic or Latino | American Indian or Alaskan Native | Asian | African American White European Native Hawaiian or Pacific Islander Other: I do not wish to provide this information. Reasonable Accommodation: Do you need reasonable accommodation due to a disability? Yes No If yes, please explain:______ Applicant's Signature Date

Please contact the PPOHA Officials below if you have questions:

Dra. Alice J. Casanova-Ocasio, Program Director - 787-621-3652, Ext. 1408 <u>acasanova@edpuniversity.edu</u>
Dr. Edwin Cintrón, Graduate Center Coordinator - 787-765-3560, Ext. 1470, 1473, 1474 <u>ecintron@edpuniversity.edu</u>

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