



UNIVERSITY OF ARKANSAS COLLEGE OF MEDICINE: **2020-2021**

# SCHOLARSHIP APPLICATION

For Entering **Freshmen** Medical Students

REFER TO INSTRUCTIONS ON FINANCIAL AID/SCHOLARSHIP SHEET IN YOUR ACCEPTANCE PACKET BEFORE FILLING THIS FORM OUT ELECTRONICALLY. SUBMITTING FORMS WITH FORMATTING ERRORS MAY DELAY YOUR APPLICATION BEYOND THE DEADLINE DATE AND YOU WILL NOT BE CONSIDERED FOR A SCHOLARSHIP. MOST ISSUES ARISE FROM NOT READING THE INSTRUCTIONS AND NOT INSTALLING A CURRENT VERSION OF ADOBE ACROBAT READER.

**RETURN THIS SCHOLARSHIP APPLICATION BY EMAILING THE COMPLETED FORM TO**

**Tom South, College of Medicine  
Assistant Dean of Medical Student Admissions  
University of Arkansas for Medical Science**

[SouthTomG@uams.edu](mailto:SouthTomG@uams.edu)

**BY MARCH 15 TO BE CONSIDERED**

PLEASE DO NOT SUBMIT ADDITIONAL DOCUMENTS OR ATTACHMENTS

STUDENT NAME: \_\_\_\_\_ CLASS YEAR FOR **2020-21**: **Freshman**

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ HOMETOWN: \_\_\_\_\_ COUNTY: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ NAMES/AGES OF ANY DEPENDENTS: \_\_\_\_\_

IF MARRIED, IS SPOUSE A STUDENT? \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_

IS SPOUSE EMPLOYED? \_\_\_\_\_ EMPLOYER: \_\_\_\_\_ ANNUAL SALARY: \$ \_\_\_\_\_

**UNDERGRADUATE / GRADUATE SCHOOL(S) AT WHICH YOU, THE STUDENT, RECEIVED YOUR DEGREE(S):**

SCHOOL: \_\_\_\_\_ MAJOR: \_\_\_\_\_ GPA: \_\_\_\_\_ YEAR GRAD.: \_\_\_\_\_

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**MEMBERSHIP/ LEADERSHIP including elected positions:**

**HONORS / AWARDS:**

**EMPLOYMENT:**

**RESEARCH EXPERIENCE:**

**COMMUNITY SERVICE / VOLUNTEERISM/MENTORING:** (community, church, civic, or school activities). Please specify **year** as well as the **frequency** (i.e., one time only, once a week, etc.) and **length** (i.e., one day, six months, etc.) of involvement. Please provide a phone number for each contact person in the event the Committee needs additional information.

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**FAMILY INFORMATION:** PARENTS are:(check one)                      Married      Separated      Divorced      Deceased

(You must complete this section if you wish to be considered for any "need-based" scholarships)

**FATHER:** Occupation: \_\_\_\_\_ **MOTHER:** Occupation: \_\_\_\_\_  
City/State: \_\_\_\_\_ City/State \_\_\_\_\_  
Employer: \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_ Employer: \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_  
Ages of siblings living at home: \_\_\_\_\_ # of siblings who will be enrolled in college at least half time during 2019-20: \_\_\_\_\_

**FINANCIAL NEED:**

TOTAL PROJECTED EDUCATIONAL INDEBTEDNESS Prior to May 15, 2020:                      \$ \_\_\_\_\_

LIST ANY NON-INSTITUTIONAL SOURCES OF FINANCIAL AID YOU EXPECT TO RECEIVE DURING 2020-21:

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IF YOU HAVE **SPECIAL CIRCUMSTANCES** WHICH YOU FEEL SHOULD BE CONSIDERED IN EVALUATING YOUR REQUEST FOR A SCHOLARSHIP, PLEASE LIST THESE BELOW:

**Certification and Signature:**

I certify that the information on this application is a truthful statement of my academic achievements, honors, awards, memberships, employment and research experience, community/volunteer service, family information and financial need.

<b>Signature</b> <i>Typing you name on the line will be your signature</i>	<b>Date</b>
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I give permission to the College of Medicine Admissions Office to provide a photocopy of this application to non-UAMS Scholarship Committees who request nominations for private foundation/professional organization scholarships:      YES      NO