



**UNIVERSITY OF ARKANSAS COLLEGE OF MEDICINE 2022-2023**  
**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 INCLUDED AND NOT INSTALLING A CURRENT FREE 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 31 TO BE CONSIDERED**  
 PLEASE DO NOT SUBMIT ADDITIONAL DOCUMENTS OR ATTACHMENTS

STUDENT NAME: \_\_\_\_\_ CLASS YEAR FOR **2022-2023**: **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 2022-23 \_\_\_\_\_

**FINANCIAL NEED:**

TOTAL PROJECTED EDUCATIONAL INDEBTEDNESS prior to May 15, 2022: \$ \_\_\_\_\_

LIST ANY NON-INSTITUTIONAL SOURCES OF FINANCIAL AID YOU EXPECT TO RECEIVE DURING 2022-2023:

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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.

**Signature** *Typing you name on the line will be your signature*

**Date**

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