



UNIVERSITY OF ARKANSAS COLLEGE OF MEDICINE **2021-2022**

# SCHOLARSHIP APPLICATION

## For Rising M2, M3, M4 Medical Students

THIS IS A FILLABLE PDF FORM THAT YOU WILL NEED TO FILL OUT ELECTRONICALLY. FIRST, DOWNLOAD THE LATEST VERSION OF ADOBE ACROBAT READER BY GOING TO <https://get.adobe.com/reader/> THAT IS FREE TO INSTALL AND DOWNLOAD. SUBMITTING FORMS WITH FORMATTING ERRORS MAY DELAY YOUR APPLICATION BEYOND THE DEADLINE DATE AND YOU WILL NOT BE CONSIDERED FOR A SCHOLARSHIP.

**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 MAY 17 TO BE CONSIDERED**

PLEASE DO NOT SUBMIT ADDITIONAL DOCUMENTS OR ATTACHMENTS

Rising **M2**    **M3**    **M4**

STUDENT NAME \_\_\_\_\_

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.: \_\_\_\_\_

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

**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 2021-22: \_\_\_\_\_

**FINANCIAL NEED:**

TOTAL PROJECTED EDUCATIONAL INDEBTEDNESS prior to May 15, 2021: \$ \_\_\_\_\_

LIST ANY NON-INSTITUTIONAL SOURCES OF FINANCIAL AID YOU EXPECT TO RECEIVE DURING 2021-2022:  
\_\_\_\_\_  
\_\_\_\_\_

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

<p><b>Certification:</b> 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.</p> <hr/> <p><i>Type your name on the line to sign.</i> <span style="float: right;"><b>Date</b></span></p>
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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