



UNIVERSITY OF ARKANSAS COLLEGE OF MEDICINE **2024-2025**

SCHOLARSHIP APPLICATION

For Entering **Freshmen** Medical Students

REFER TO INSTRUCTIONS ON THE SCHOLARSHIP INSTRUCTIONS FILE ATTACHED IN THE EMAIL BEFORE FILLING THIS FORM OUT ELECTRONICALLY.

YOU MAY NEED TO INSTALL 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

BY MARCH 18 TO BE CONSIDERED

PLEASE DO NOT SUBMIT ADDITIONAL DOCUMENTS OR ATTACHMENTS

STUDENT NAME: _____ CLASS YEAR FOR **2024-2025**: **M1 Freshman**

AGE: _____ SEX: _____ 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.

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: _____

Employer: _____ Annual Income: \$ _____ Employer: _____ Annual Income: \$ _____

Ages of siblings living at home: _____ # of siblings to be enrolled in college at least half time during 2024-25 _____

FINANCIAL NEED:

TOTAL PROJECTED EDUCATIONAL INDEBTEDNESS prior to May 15, 2024: \$ _____

LIST ANY NON-INSTITUTIONAL SOURCES OF FINANCIAL AID YOU EXPECT TO RECEIVE DURING 2024-2025:

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