



UNIVERSITY OF ARKANSAS COLLEGE OF MEDICINE: 2024-25

# SCHOLARSHIP APPLICATION

for Continuing Medical Students (rising M2, M3, and M4)

Please email completed application to Tom South, Assistant Dean, Medical Student Admissions, College of Medicine. [southtomg@uams.edu](mailto:southtomg@uams.edu)

APPLICATIONS RECEIVED AFTER MAY 15 WILL NOT BE CONSIDERED.

PLEASE DOWNLOAD AND INSTALL THE MOST RECENT VERSION OF ADOBE ACROBAT READER (FREE SOFTWARE FOR PC AND MAC COMPUTERS) and SAVE WITH A NEW FILE NAME. IF THIS IS NOT DONE, THE FORM WILL NOT SAVE PROPERLY.

IF YOU WISH TO BE CONSIDERED FOR A "NEED-BASED" SCHOLARSHIP, COMPLETE THE "FAMILY INFORMATION" SECTION.

STUDENT NAME: \_\_\_\_\_ CLASS YEAR for **2024-25: (check one)** \_\_\_ M2 \_\_\_ M3 \_\_\_ M4

HOMETOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ (Y/N) AGES OF ANY DEPENDENTS: \_\_\_\_\_

IF MARRIED, IS SPOUSE A STUDENT? \_\_\_\_\_ (Y/N) SCHOOL: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_

IS SPOUSE EMPLOYED? \_\_\_\_\_ (Y/N) EMPLOYER: \_\_\_\_\_ ANNUAL SALARY: \$ \_\_\_\_\_

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

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

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

*Please provide information **ONLY** for the time period since entering medical school*

**MEMBERSHIP/ LEADERSHIP** including elected positions: \_\_\_\_\_

**HONORS or AWARDS:**

**RESEARCH EXPERIENCE:** \_\_\_\_\_

**COMMUNITY SERVICE / VOLUNTEERISM / UAMS ACTIVITIES/ MENTORING:** Only include activities you have participated in since you started medical school (i.e., community, free clinics, church, civic, or school activities including ASG, SAC, Volunteer Fair, Phonathon, Freshman Family Day, Admissions Interview Day Tour Guide, clubs, interest groups, organizations, mentoring etc.) Please specify the beginning **year** of involvement 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. For non-UAMS activities, 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  Other

FATHER: Occupation: \_\_\_\_\_ MOTHER: Occupation: \_\_\_\_\_

Address: (City/State): \_\_\_\_\_ Address: (City/State) \_\_\_\_\_

Employer: \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_ Employer: \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_

Ages of siblings living at home: \_\_\_\_\_ # of siblings enrolled in college at least half time during 2024-25: \_\_\_\_\_

**FINANCIAL NEED:**

TOTAL EDUCATIONAL INDEBTEDNESS AS OF MAY 2024:                      \$\$ \_\_\_\_\_

LIST ANY NON-INSTITUTIONAL SOURCES OF FINANCIAL AID YOU EXPECT TO RECEIVE DURING 2024-25:

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PLEASE LIST ANY **SPECIAL CIRCUMSTANCES** YOU WISH TO BE CONSIDERED:

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<p><b>Certification and Signature:</b></p> <p>I certify that the information on this application is a truthful statement of my academic achievements, honors, awards, memberships, extracurricular activities, employment and research experience, community/volunteer service, family information and financial need.</p>	
<p><b>SIGNATURE</b></p> <p>[To sign: TYPE FULL NAME]</p>	<p><b>DATE</b></p>

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

2024 Scholarship Application M2 M3 M4 Revised 3-27-2024