



UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES COLLEGE OF MEDICINE **2026-2027**

SCHOLARSHIP APPLICATION
For Entering **First Year** Medical Students

FILL OUT THIS FORM ELECTRONICALLY ACCORDING TO THE SCHOLARSHIP INSTRUCTIONS.

YOU WILL NEED TO INSTALL A CURRENT FREE VERSION OF ADOBE ACROBAT READER.

<https://get.adobe.com/reader/>

RETURN THIS SCHOLARSHIP APPLICATION BY EMAILING THE COMPLETED FORM BY **MARCH 20, 2026**

TO:

Tom South
Assistant Dean of Medical Student Admissions
UAMS College of Medicine

SouthTomG@uams.edu PLEASE DO NOT SUBMIT ADDITIONAL DOCUMENTS OR ATTACHMENTS.

UAMS College of Medicine Scholarships are awarded based on financial need and/or merit. This application collects information needed by the Scholarship Committee to award scholarship funds. Merit includes consideration of your academic success to date and good citizenship.

STUDENT NAME: _____

AGE: _____ GENDER: _____ HOMETOWN: _____ COUNTY: _____

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

SCHOOL: _____ DEGREE, MAJOR: _____ GPA: _____ YEAR: _____

SCHOOL: _____ DEGREE, MAJOR: _____ GPA: _____ YEAR: _____

HONORS/AWARDS/MEMBERSHIP/LEADERSHIP including elected positions:

EMPLOYMENT and/or RESEARCH EXPERIENCE:

COMMUNITY SERVICE/ VOLUNTEERISM/ MENTORING:

Please include: name of organization, your role and total number of hours

COMPLETE THE FOLLOWING TO BE CONSIDERED FOR SCHOLARSHIPS BASED AT LEAST PARTLY ON NEED:

STUDENT MARITAL STATUS: _____ AGES OF ANY DEPENDENTS: _____

IS SPOUSE A STUDENT? _____ SCHOOL: _____ EXPECTED GRAD DATE: _____

IS SPOUSE EMPLOYED? _____ EMPLOYER: _____ ANNUAL INCOME: _____

PARENT(S) MARITAL STATUS: _____

Please indicate if one or both parents is deceased: _____

Are you claimed as a dependent on your parents' income tax return? Yes No

FATHER OCCUPATION: _____ EMPLOYER: _____

CITY/STATE: _____ ANNUAL INCOME: _____

MOTHER OCCUPATION: _____ EMPLOYER: _____

CITY/STATE: _____ ANNUAL INCOME: _____

AGES OF SIBLINGS LIVING WITH PARENTS: _____

NUMBER OF SIBLINGS ENROLLED IN COLLEGE AT LEAST HALF TIME DURING 2026-27: _____

YOUR TOTAL PROJECTED EDUCATIONAL INDEBTEDNESS AS OF MAY 15, 2026: _____

LIST SOURCES OF FINANCIAL AID YOU EXPECT TO RECEIVE OTHER THAN STUDENT LOANS DURING 2026-27:

LIST ANY SPECIAL CIRCUMSTANCES OR RECENT EVENTS YOU FEEL SHOULD BE CONSIDERED IN EVALUATING YOUR REQUEST FOR A SCHOLARSHIP:

Biographical Information, Professional Plans, and Rationale for this Scholarship Application

In no more than 500 words, summarize your biography, path to medical school and obstacles overcome. Include professional plans and aspirations upon completion of training, and reasons for applying for a scholarship. There is no need to repeat the factual information on memberships/ leadership, honors, employment, research, service, or financial need in the above sections, but feel free to provide additional information about any of these items you feel is relevant.

Certification:

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.

Please type your name: _____ 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**