



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

**SCHOLARSHIP APPLICATION**  
For rising **M2, M3, and M4** 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 **MAY 15, 2026**

TO:

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

[SouthTomG@uams.edu](mailto: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:**

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**COMMUNITY SERVICE/ VOLUNTEERISM/ MENTORING:**

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

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**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:

\_\_\_\_\_

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

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

In no more than 500 words, summarize your biography, your path to your current stage of training 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**