



# Wilderness & Environmental Medicine

UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

## 2016 Scholarship Application

Colorado Pre-Med Global, Emergency, and Wilderness Medicine Program  
University of Colorado School of Medicine  
Department of Emergency Medicine  
Section of Wilderness & Environmental Medicine

### BASIC INFORMATION

Applying for which date(s)/course(s)--check all that apply:

2016 January

2016 March

2016 May/June

2016 August

Deadlines: **October 15, 2015**

**January 31, 2016**

**March 15, 2016**

**May 15, 2016**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Current University & Location:

\_\_\_\_\_

Federal School Code: \_\_\_\_\_

Expected Degree & Area(s) of Study:

\_\_\_\_\_

Expected Degree Completion Date: \_\_\_\_\_

Have you already earned a Bachelor's Degree?                      Yes                      No

*If yes, then please complete questions a through d. If no, please skip questions a through d.*

a. Bachelor's Degree University's Name & Location:

\_\_\_\_\_

b. Bachelor's Degree University's Federal School Code:

\_\_\_\_\_

c. Years Attended:

\_\_\_\_\_

d. Degree & Area(s) of Study:

\_\_\_\_\_

Please list any other degrees you have earned, area(s) of study, degree completion dates, & universities' names & federal school codes:

\_\_\_\_\_

\_\_\_\_\_

## FINANCIAL INFORMATION

Please report income honestly. **All income information will be verified prior to receiving scholarship. Deliberate discrepancies will lead to automatic disqualification.** If any question is unable to be answered, please report "N/A" on the appropriate line and explain on page 5. You will not be seen as a financial independent unless the federal government deems you to be. For more information concerning financial independent status, go here: <https://studentaid.ed.gov/sa/fafsa/filling-out/dependency>

Mother's/Guardian's Most Recent Gross Annual Income (USD): \_\_\_\_\_

Father's/Guardian's Most Recent Gross Annual Income (USD): \_\_\_\_\_

Applicant's Most Recent Gross Annual Income (USD): \_\_\_\_\_

Spouse's Most Recent Gross Annual Income (USD): \_\_\_\_\_

*\* If you or your parents/guardians filed an IRS tax return, gross annual income will be recorded on IRS form 1040—line 22, Form 1040A—line 18, or Form 1040EZ—line 4*

Were you awarded a Pell Grant for this academic year?      Yes                  No

Have you ever been awarded a Pell Grant in the past?      Yes                  No

If so, when? \_\_\_\_\_

Indicate percentages of aid from your current Financial Aid package:

\_\_\_\_\_ % Grants      \_\_\_\_\_ % Scholarships      \_\_\_\_\_ % Loans      \_\_\_\_\_ % Parental Contribution

\_\_\_\_\_ % Other—Describe: \_\_\_\_\_

Total Family Size, including yourself, parents/guardians, spouse, siblings, children, and other legal dependents:

\_\_\_\_\_

Number of persons within family attending full-time higher education this academic year (include self):

\_\_\_\_\_

Are your parents/guardians:      Married?      Divorced?      Separated?      Single?  
Other: \_\_\_\_\_

Are you:      Married?      Divorced?      Separated?      Single?  
Other: \_\_\_\_\_

Do your parents/guardians currently rent or own their place(s) of dwelling (check all that apply)?

Own      Rent      Other: \_\_\_\_\_

How many properties do your parents/guardians own? \_\_\_\_\_

What is the total value of all the properties owned by your parents/guardians (in USD)?

\_\_\_\_\_

Where do you live during the academic year?

I live in school housing.      I rent.      I own my home.

Other: \_\_\_\_\_

If you rent during the academic year, what is your monthly rental payment (in USD)?

\_\_\_\_\_

If you rent during the academic year, does financial aid cover any of your housing or board costs? If yes, how much is covered by Financial Aid (in USD)?

\_\_\_\_\_

\_\_\_\_\_

If you own any properties, how many properties do you own & what is the total value of all your properties (in USD)?

\_\_\_\_\_

\_\_\_\_\_

**THE FOLLOWING QUESTIONS ARE OPTIONAL**

Year of Birth & Age: \_\_\_\_\_

Gender:      Female                      Male                      Other—Please Describe: \_\_\_\_\_

Race/Ethnicity (check all that apply):

Hispanic, Chicano, Mexican, Latino, Cuban, Puerto Rican, Central or South American

Black or African-American

Asian

White

Pacific Islander or Native Hawaiian

American Indian, Alaska Native, Aboriginal

Other—Please Describe: \_\_\_\_\_

Is English your native language?      Yes      No      If no, what is your primary language? \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Parents'/Guardians' Country of Birth

Father/Guardian: \_\_\_\_\_      Mother/Guardian: \_\_\_\_\_

Family Education Background—Indicate highest level of formal education attained by parents or legal guardians (check all that apply):

Less than high school graduate

Bachelor's Degree

High school graduate or equivalent

Master's Degree

2-year college degree or tech school

PhD

Parents'/Guardians' Occupation and/or Place of Work:

Father/Guardian: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_



**We would love to spread the word about all our offerings, and we'd appreciate if you took the time to answer the questions below.**

**1. How did you first hear about this course? (check only **ONE** box)**

**ONLINE**

Facebook

Twitter

Flickr

YouTube

Other Social Media:

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E-Mail Advert from University of Colorado

ColoradoWM.org Website

Web Search—if so, what did you search for?

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**PEOPLE & EVENTS**

Academic Advisor or Professor

Tutor

Colleague, Co-Worker, or another Student

Friend

Parents or Significant Other

Conference

Word of mouth from someone who had already taken this course or a similar course

**OTHER**

Paper Flyer, Postcard, or Poster

Other—please describe:

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**2. Did you later hear about this course from other sources? If so, please check all that apply.**

**ONLINE**

Facebook

Twitter

Flickr

YouTube

Other Social Media:

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E-Mail Advert from University of Colorado

ColoradoWM.org Website

Web Search—if so, what did you search for?

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**OTHER**

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Other—please describe:

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**3. How do you generally search for and find classes or programs of interest beyond your college or university's regular semester offerings?**

**4. Please share with us below the names and contact information for any individuals, organizations, or higher education institutions that may be interested in learning about our programs.**

**Thank you!**

I GIVE THE OFFICE OF FINANCIAL AID AT THE UNIVERSITY OF COLORADO SCHOOL OF MEDICINE'S ANSCHUTZ MEDICAL CAMPUS PERMISSION TO VERIFY ALL THE INFORMATION REPORTED ON THIS APPLICATION. I ATTEST THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION SUBMITTED ON THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT IF FOUND TO BE OTHERWISE, IT IS SUFFICIENT CAUSE FOR REFUSAL OR DISMISSAL FROM THE PROGRAM.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN ALL APPLICATIONS TO MARISA BURTON AT

[Marisa.Burton@UCDenver.edu](mailto:Marisa.Burton@UCDenver.edu)



School of Medicine

UNIVERSITY OF COLORADO  
ANSCHUTZ MEDICAL CAMPUS

*If you have any questions concerning the financial verification process, please contact the Office of Financial Aid at the University of Colorado School of Medicine's Anschutz Medical Campus via phone at 303.724.8039 or e-mail at [Financial.Aid@UCDenver.edu](mailto:Financial.Aid@UCDenver.edu).*