

#### 2017 Scholarship Application

Colorado Pre-Medicine Emergency & 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:

Deadlines:	January 2017 October 01, 2016	March 2017 December 01, 2016	May-June 2017 February 01, 2017	August 2017 May 01, 2017			
Name:	ame: Phone: Phone:						
E-Mail:							
Permanent A	Address:						
Current Univ	versity & Location:						
Current Univ	versity's Federal School Co	ode:					
Expected De	gree & Area(s) of Study: _						
Expected De	gree Completion Date:						
Have you alr	eady earned a Bachelor's	Degree? Yes	s No				
If yes, th	en please complete quest	ions a through d. If no, pleas	e skip questions a through d.				
a. Bach	elor's Degree University's	s Name & Location:					
b. Bachelor's Degree University's Federal School Code:							
c. Year	s Attended:						
d. Degr	ree & 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: <a href="https://studentaid.ed.gov/sa/fafsa/filling-out/dependency">https://studentaid.ed.gov/sa/fafsa/filling-out/dependency</a>

Mother's/Guardian's Most Recent Gross Annual Income (USD):				
Spouse's Most Recent Gross Annual Income (USD): * If you or your parents/guardians filed an IRS	5 tax return, gro	ss annual income will be recorded on IRS form orm 1040A—line 18, or Form 1040EZ—line 4		
Were you awarded a Pell Grant for this academic year?	Yes	Νο		
Have you ever been awarded a Pell Grant in the past?	Yes	Νο		
If so, when?				
Indicate percentages of aid from your most recent Financia	l Aid package:			
% Grants% Scholarships	% Loans	% Parental Contribution		
% Other—Describe:				
Total Family Size, including yourself, parents/guardians, sp	ouse, siblings, c	hildren, and other legal dependents:		
Number of persons within family attending <u>full-time</u> higher	education this	academic year (include self):		

Are your parents/gua	ardians:	Married?	Divorced?	Separated?	Single?	
		Other:				
Are you:		Married?	Divorced?	Separated?	Single?	
		Other:				
Do your parents/gua	rdians currently	rent or own their place(	s) of dwelling (check all	that apply)?		
Own	Rent	Other:				
How many propertie	s do your parent	s/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.						
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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/Ethnic	city (check all that a	ipply):			
	Hispanic, Chi	cano, Mexican, Latino,	, Cuban, Puerto Rican, Central or South American		
	Black	or African-American	Asian White		
	Pacific Islander o	or Native Hawaiian	American Indian, Alaska Native, Aboriginal		
Othe	r—Please Describe				
Is English yo	our native language	? Yes No If	f no, what is your primary language?		
Country of I	Birth:				
Parents'/Gu	ardians' Country o	f Birth			
Fath	ner/Guardian:		Mother/Guardian:		
Family Educ (check all th		–Indicate <u>highest</u> level	l of formal education attained by parents or legal gua	rdians	
	Less than	n high school graduate	Bachelor's Degree		
	High scho	ool graduate or equiva	elent Master's Degree		
	2-year co	llege degree or tech so	chool PhD		
Parents'/Gu	ardians' Occupatio	on and/or Place of Wor	rk:		
Father/Gua	rdian:				
Mother/Gu	ardian:				

Please describe your financial aid need and/or why you are interested in this course	Please describe y	our financial	aid need and	/or why you a	are interested in	n this course:
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# 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)

Academic Advisor, Professor, Teacher, or Tutor	Paper Flyer, Postcard, or Poster
Colleague, Family, or Friend	Social Media: Facebook, Flickr, Instagram, Twitter, YouTube, etc.
ColoradoWM.org	, ,
	University Club or Medical Society
Conference	
	Web Search
Coursera	
	Other:
E-Mail	

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

Academic Advisor, Professor, Teacher, or Tutor	Paper Flyer, Postcard, or Poster
Colleague, Family, or Friend	Social Media: Facebook, Flickr, Instagram, Twitter, YouTube, etc.
ColoradoWM.org	Twitter, Tourube, etc.
	University Club or Medical Society
Conference	
	Web Search
Coursera	
	Other:
E-Mail	

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.

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

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.



School of Medicine UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS