



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:

	January 2017	March 2017	May-June 2017	August 2017
Deadlines:	October 01, 2016	December 01, 2016	February 01, 2017	May 01, 2017

Name: _____ Phone: _____

E-Mail: _____

Permanent Address: _____

Current University & Location: _____

Current University's 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 most recent 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)**

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

University Club or Medical Society

Conference

Web Search

Coursera

Other:

E-Mail
