



2020-2021 SCHOLARSHIP APPLICATION

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): 2020 Dec. Ithaca 2021 Jan. Colorado

DEADLINES: **October 31, 2020** **October 31, 2020**

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: <http://www.fastweb.com/financial-aid/articles/federal-financial-aid-and-the-independent-student>

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 Yes No No

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

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 Meagan Rivers at Meagan.Rivers@CUAnschutz.edu.



School of Medicine

UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS