



**2019 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):  2019 January     2019 May     2019 June     2019 August

**DEADLINES:**      **Oct. 31, 2018**      **Feb. 28, 2019**      **March 31, 2019**      **May 15, 2019**

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:

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**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                  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):

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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)?

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**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: \_\_\_\_\_



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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 Breanna  
McKercher AT  
[Breanna.McKercher@UCDENVER.EDU](mailto:Breanna.McKercher@UCDENVER.EDU)



School of Medicine

UNIVERSITY OF COLORADO  
ANSCHUTZ MEDICAL CAMPUS