



College of Medicine

College of Medicine Financial Aid
1501 N. Campbell, Room 2110A
P.O. Box 245026
Tucson, AZ 85724-5026
520.626.7145 mdфинаid@email.arizona.edu

College of Medicine Need-Based Scholarship Application
2008-2009

Name (Last, First): \_\_\_\_\_ SID #: \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

□ New student admitted Fall 2008 □ Continuing student class of \_\_\_\_\_ □ Tucson □ Phoenix

Marital Status (check one): □ Single □ Married

Number of Children you support (if any): \_\_\_\_\_ Ages: \_\_\_\_\_

Are you currently expecting? \_\_\_\_\_ If yes, expected birth date: \_\_\_\_\_

Your Budget 2008-2009:

Estimated Income:

Available savings/investments: \$ \_\_\_\_\_
Your part-time work during school year if any: \$ \_\_\_\_\_
Spouse's net income: \$ \_\_\_\_\_
Other family assistance expected: \$ \_\_\_\_\_
Total: \$ \_\_\_\_\_

Check your applicable Tuition Costs for the year (Fees are estimated at \$268):

Graduating Class

- 2012 \$18,508 + \$268 = \$ 18,776
□ 2011 \$17,809 + \$268 = \$ 18,077
□ 2010 \$17,562 + \$268 = \$ 17,830
□ 2009 \$17,329 + \$268 = \$ 17,597

Estimated Costs:

Tuition and fees: \$ \_\_\_\_\_
Books, supplies & medical equipment: \$ \_\_\_\_\_
Laptop to College of Medicine specs: \$ \_\_\_\_\_
Living expenses: \$ \_\_\_\_\_
Child care: \$ \_\_\_\_\_
Miscellaneous: \$ \_\_\_\_\_
Total: \$ \_\_\_\_\_

Specify miscellaneous costs: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Total Costs: \$ \_\_\_\_\_
Less Total Estimated Income: \$ \_\_\_\_\_
Total Financial Aid Needed (loans, grants and scholarships): \$ \_\_\_\_\_

**Educational Debt:**

Do you have any outstanding educational loans?  Yes  No

If yes, **provide a copy of your loan records from the National Student Loan Data System (NSLDS)** at <http://www.nsls.ed.gov/>. Access requires a Department of Education PIN (also used to file the FAFSA online). If you do not have a PIN, you may request one at <http://www.pin.ed.gov/>.

**Please list amounts of TOTAL outstanding educational loans THROUGH Spring Semester 2008. (Do NOT include spouse's loans in this section; list under Personal Debt below).**

<b>Consolidation Loans:</b>	\$ _____
<b>Other loans not Consolidated:</b>	
Federal Stafford Loans Subsidized	\$ _____
Federal Stafford Loans Unsubsidized	\$ _____
Direct Loans Subsidized	\$ _____
Direct Loans Unsubsidized	\$ _____
Federal Perkins Loans	\$ _____
Health Professions Student Loans	\$ _____
Including HPSL, PCL, LDS, Nursing Loans:	\$ _____
Federal Grad PLUS	\$ _____
Private (not federal) educational loans:	\$ _____
Other educational loans (not spouse)	
Specify: _____	\$ _____
<b>Total: \$ _____</b>	

**Personal Debt:**

List personal debts of \$100 or more (home mortgage, auto, spouse's educational loans, credit cards, etc). Do not include your educational debt in this section.

Creditor's Name	Purpose of Loan	Unpaid Balance	Monthly Payment
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
<b>Totals: \$ _____</b>		<b>\$ _____</b>	<b>\$ _____</b>

**Other information:**

Did you apply for federal student aid as an undergraduate?  Yes  No

Did you receive Pell Grant as an undergraduate?  Yes  No

If yes, were you classified as Dependent on your parents?  Yes  No

Father's occupation: \_\_\_\_\_ Highest school year completed: \_\_\_\_\_

Mother's occupation: \_\_\_\_\_ Highest school year completed: \_\_\_\_\_

Please comment regarding your parents' ability and/or willingness to assist you:

---

---

---

---

---

---

---

---

**Please remember that on the Free Application for Federal Student Aid (FAFSA) all cash received or any money paid on your behalf in 2007 not otherwise reported (e.g. money from family) is reported in #41 (Worksheet B). Grad/Professional students are independent for 2008-2009 and money from family is considered untaxed income on the financial aid application.**

Name of your High School: \_\_\_\_\_  
County: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Check most applicable (optional):

- American Indian or Alaskan Native (I) Tribe: \_\_\_\_\_
- Asian or Pacific Islander (O) Specify country: \_\_\_\_\_
- Black, Non-Hispanic (B)
- Hispanic (H)
- White Non-Hispanic (W)

Are you interested in practicing in Arizona when you complete your residency?  Yes  No  Not sure

Are you interested in serving the medically underserved as a physician?  Yes  No

Are you interested in practicing in a rural area?  Yes  No

Are you familiar with the Arizona Medical Student Loan Program?  Yes  No

Would you like information and an application for this program?  Yes  No

What specialties interest you?

- |  |  |                                 |
|--|--|---------------------------------|
| <input type="checkbox"/> Family Practice           | <input type="checkbox"/> Pediatrics          | <input type="checkbox"/> OB/GYN |
| <input type="checkbox"/> General Internal Medicine | <input type="checkbox"/> Medicine/Pediatrics | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> Other: _____              |  |                                 |

### Research Participation:

N/A

Have you been involved in research and do you intend to continue in 2008-2009?  Yes  No

Are you involved in cancer research?  Yes  No

If yes, do you plan to continue after medical school?  Yes  No

Other field(s) of research? Specify: \_\_\_\_\_

If you wish to be considered for a research scholarship, complete the following information and attach your Research Proposal or Progress Report (2-3 pages):

Faculty Sponsor Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Date Research Began: \_\_\_\_\_ Length of projected involvement: \_\_\_\_\_

## Resume

Attach a narrative describing your professional and personal goals, how you became interested in medicine, activities demonstrating such qualities as leadership and social commitment, talents and interests outside the field of medicine, and any other information you think might be helpful for scholarship consideration.  
(Optional for continuing medical students previously awarded College of Medicine Scholarships)

**CONTINUING MEDICAL STUDENTS** previously awarded College of Medicine Scholarships:  
List extracurricular activities, honors and awards: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

### Certification:

I certify that the information provided is correct to the best of my knowledge. By signing below, I authorize the University of Arizona to deposit any co-payable checks without my endorsement in order to expedite my scholarship award. I also authorize the release of academic and financial information to scholarship donors.

Signature \_\_\_\_\_ Date \_\_\_\_\_

The University of Arizona is an equal opportunity, affirmative action institution that prohibits discrimination in its programs and activities on the basis of race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation or gender identity and is committed to maintaining an environment free from harassment and retaliation. A student who believes that s/he has experienced harassment or discrimination should call the Equal Opportunity and Affirmative Action Office at (520) 621-9449 [TTY (520) 626-6768]. Students who would like information on University policies regarding the Americans with Disabilities Act should call the Director of the Disability Resource Center (ADA/504 Officer) at (520) 626-7674 [TTY (520) 621-3268]. The Title IX Officer can be reached at (520) 621-9449.

**Please return completed and signed form with NSLDS attachment (if applicable) to:**

**UA College of Medicine Financial Aid  
1501 N. Campbell, Room 2110A  
P.O. Box 245026  
Tucson, AZ 85724-5026**