



UNIVERSITY OF
SOUTH CAROLINA
School of Medicine
Greenville

Return this form to:
Casey Wiley
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607 Grove Rd. • Greenville, SC • 29605
Fax: 864-455-5267

Scholarship Application Form

Student Information:

Name: _____ SSN / VIP ID: _____
Last First MI

Email: _____ Phone: _____

Address: _____
Street / Apt. # City State Zip Code

Honors and Achievements: Use the space below to list up to 5 honors and achievements that you would like to highlight. If you require more space, please attach a separate piece of paper.

Reason and Goals: Please use the space below to explain why you feel that you are the best candidate for a scholarship. Also provide a brief description of your career goals upon completing your medical education. (Limit 300 words)

Financial Information:

Have you filed your current year FAFSA(required)? ☐ Yes ☐ No ☐ I Will

Did you include parent data on the FAFSA? ☐ Yes ☐ No ☐ I Will

If you answered "No", please explain the reason below. Parent data is required for evaluation for scholarships, and must be provided. Special circumstances will be considered for exemption on an individual basis. Should your reason be deemed insufficient, you will be contacted and given the chance to provide parent data.

Total Indebtedness (Exclude Educational Loans): _____

Total Assets (Exclude Auto and primary home value): _____

Please list any other expenses that will affect your ability to pay for Medical School:

Release of Information and Signature:

By signing below, I certify that the information I've provided is true to the best of my knowledge. I also grant permission for the University of South Carolina School of Medicine Greenville (USCSOMG) to disclose this application, as well as relevant AMCAS application data and FAFSA application data to the Scholarship Recommendation Committee for the purpose of establishing my eligibility for a scholarship.

Signature: _____ Date: _____

****This space for USCSOM-G personnel only****

Filed Date/By: ____/____