

Name _____

Grade Level (next school year) _____

**University of South Carolina
School of Medicine**

Application for School of Medicine Scholarships

Return Application to:

**Assistant Director of Student and Career Services
Office of Student Career and Career Services
University of South Carolina School of Medicine
Columbia SC 29208**

Due March 1st

ANTICIPATED STATUS FOR NEXT SCHOOL YEAR
M-I M-II M-III M-IV

I. PERSONAL

1. Name _____
Last First Middle

2. Address _____
Street, Apartment #

Phone _____

City, State, Zip

3. Resident of South Carolina YES NO

4. Hometown _____

5. Veteran YES NO

6. Marital Status _____

7. Number of Children _____

8. Educational Background

II. List any notable honors, achievements, experiences (If needed, attach a separate sheet).

III. FINANCIAL (All items in Section III refer to the applicant)

1. Present Assets - Estimated Value: Home \$ _____ Automobile \$ _____

Present Assets - Estimated Debt: Home \$ _____ Automobile \$ _____

Other Assets (itemize): _____

(Attach a separate sheet if needed.)

Explain possible use of these assets for financing your education. (If needed, attach a separate sheet.)

2. Present Debts: List every debt of \$100 or more you now have. Include loans from family and friends whether or not evidenced by a formal note. Do not include automobile loan, mortgage, or student loans.

NON-EDUCATIONAL LOANS AND DEBTS

Creditor's Name & Address	Purpose of Loan	Date Incurred	Unpaid Balance	Monthly Payment	Due Date
		Total			

3. Applicant's estimated expenses and resources from (m/y)_____ to (m/y)_____.
(Estimate is for the 2018-2019 academic year)

Itemized BUDGET to cover anticipated expenses and resources for the stated time period.

Expenses and resources should be for student, spouse, and dependents.

Resident Tuition - \$40860 Non-Resident Tuition - \$87,150(Tuition figures are for 2017-2018)

EXPENSES RESOURCES

Tuition _____	Checking and Savings _____
Books and Supplies _____	Income _____
Rent or Mortgage Payments _____	Spouse's Income (Gross) _____
Food, Household Supplies, Utilities _____	Aid from Family _____

Child Care _____	Known Grants/Scholarships _____
Personal Expenses _____	Social Security Benefits _____
Other (Insurance, Medical Expenses, Car Payments, etc.) Itemize. _____	Veterans Benefits _____
_____	Other _____
_____	_____
_____	_____

TOTAL EXPENSES _____ **TOTAL RESOURCES** _____

DEFICIT (Expenses minus Resources) _____

Extenuating Circumstances (Please attach documentation):

Addendum for Consideration for Corbett Scholarship (must complete below and have a FAFSA on file by March 15th for consideration)

Parental Information:

- Parents' marital status _____
- If divorced, who is the parent that provides the most financial support: _____
- Household size (if divorced, use parent who provides most financial support): _____
- Parents' highest educational level:

Mother _____

Father _____

Previous Financial Aid

- Pell Grant recipient as an undergraduate student: YES NO

Addendum for Columbia Medical Society

- If you wish to have your application submitted to the Columbia Medical Society/Alliance for scholarship consideration, attach an essay (250-300 words) covering your reasons for choosing medicine, career goals, and means of financing your medical education. Also provide a resume which includes extracurricular and community service activities. **COLUMBIA MEDICAL SOCIETY/ALLIANCE SCHOLARSHIPS ARE AVAILABLE ONLY TO THIRD AND FOURTH-YEAR STUDENTS**

Signature _____ Date _____