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
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 $ __________

2. 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**

<table>
<thead>
<tr>
<th>Creditor's Name &amp; Address</th>
<th>Purpose of Loan</th>
<th>Date Incurred</th>
<th>Unpaid Balance</th>
<th>Monthly Payment</th>
<th>Due Date</th>
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</thead>
<tbody>
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**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**

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Tuition</td>
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<tr>
<td>Books and Supplies</td>
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<tr>
<td>Rent or Mortgage Payments</td>
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<tr>
<td>Food, Household Supplies, Utilities</td>
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<tr>
<td>Child Care</td>
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<tr>
<td>Personal Expenses</td>
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</tr>
<tr>
<td>Other (Insurance, Medical Expenses, Car Payments, etc.) Itemize.</td>
<td></td>
</tr>
</tbody>
</table>

Checking and Savings
Income
Spouse’s Income (Gross)
Aid from Family
Known Grants/Scholarships
Social Security Benefits
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 ___________________