

2007-2008 STUDENT SCHOLARSHIP APPLICATION
University of Nevada School of Medicine
Need-Based Scholarship Program

NOTE: You must borrow from either the Perkins or the Federal Stafford Loan Program to be eligible for a School of Medicine Need-Based Scholarship.

Circle year you will attend medical school in 2007-08: (I) (II) (III) (IV)

Full Name (Print) _____
Last Name First Name MI

Student Identification Number R _____

Address _____

City _____ State _____ Zip _____ Phone (____) _____

Email Address _____

Residency status: _____ Nevada Resident (originally)
_____ Paying averaged tuition (originally out-of-state)
_____ WICHE student

Will you be living with parents during the 2007-08 academic year? yes__ no__

How many dependent children do you have? ____

Estimated Income For 2007-08 Academic Year

\$ _____ Parents' Contribution/support for the academic year
\$ _____ Shared income from spouse's or significant other's income
\$ _____ Military (Tuition, ex. stipends, veteran's benefits)

Have you applied for or been awarded a scholarship or grant for the 2007-08 academic year from any sources other than the School of Medicine?

____ Yes ____ No If yes, please list the amount(s) and type(s) of award(s) below.

Amount: Other Scholarship/Grant Source:

\$ _____

Please indicate your total student loan debt, including both undergraduate and graduate loans and loans for the current (2006-07) academic year. Do not include loans expected for the 2007-08 academic year.

Total: \$ _____

ASSETS OTHER THAN FINANCIAL AID

\$ _____ Cash, savings account, checking account (**DO NOT INCLUDE FINANCIAL AID**)

\$ _____ Investments/real estate **other than your home** (equity only)

\$ _____ **TOTAL**

Please list any unusual debt, type and amount, not previously listed on this application:
(Unexplained credit card debt, regular mortgage payments and car loans are NOT considered unusual debt)

Type of debt: _____ Amt. of debt: \$ _____

PLEASE NUMBER THE TOP THREE OF THE FOLLOWING IN ORDER OF INTEREST:

- _____ geriatrics/gerontology
- _____ health care policy
- _____ medical research
- _____ obstetrics/gynecology
- _____ oncology
- _____ primary care (family medicine, internal medicine, pediatrics)
- _____ psychiatry
- _____ surgery
- _____ women's health
- _____ other area not listed above: _____

Student Signature: _____ Date: _____

Please return this application as soon as possible to:

Office of Admissions and Student Affairs
Mailstop 357
Reno, Nevada 89557
Voice: (775) 784-6063
Fax: (775) 784-6194

Note: Students in Las Vegas may submit their applications to the Office of Student Affairs:

Office of Student Affairs
2040 W. Charleston Bldg., Suite 504
Las Vegas, NV 89102
(702) 671-2202