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 $ __________

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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Applicant’s estimated expenses and resources from (m/y) ____________ to (m/y) ____________.

(Estimate is for the 2017-2018 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 - $39,672 Non-Resident Tuition - $87,150 (Tuition figures are for 2016-2017)

EXPENSES RESOURCES

<table>
<thead>
<tr>
<th>Expense Description</th>
<th>Amount</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>______</td>
<td>Checking and Savings</td>
<td>______</td>
</tr>
<tr>
<td>Books and Supplies</td>
<td>______</td>
<td>Income</td>
<td>______</td>
</tr>
<tr>
<td>Rent or Mortgage Payments</td>
<td>______</td>
<td>Spouse’s Income (Gross)</td>
<td>______</td>
</tr>
<tr>
<td>Food, Household Supplies, Utilities</td>
<td>______</td>
<td>Aid from Family</td>
<td>______</td>
</tr>
<tr>
<td></td>
<td>______</td>
<td>Known Grants/Scholarships</td>
<td>______</td>
</tr>
<tr>
<td></td>
<td>______</td>
<td>Social Security Benefits</td>
<td>______</td>
</tr>
<tr>
<td>Child Care</td>
<td>______</td>
<td>Veterans Benefits</td>
<td>______</td>
</tr>
<tr>
<td></td>
<td>______</td>
<td>Other</td>
<td>______</td>
</tr>
<tr>
<td>Personal Expenses</td>
<td>______</td>
<td></td>
<td>______</td>
</tr>
<tr>
<td>Other (Insurance, Medical Expenses, etc.) Itemize.</td>
<td>______</td>
<td></td>
<td>______</td>
</tr>
<tr>
<td></td>
<td>______</td>
<td></td>
<td>______</td>
</tr>
<tr>
<td>TOTAL EXPENSES</td>
<td>______</td>
<td>TOTAL RESOURCES</td>
<td>______</td>
</tr>
<tr>
<td></td>
<td>______</td>
<td></td>
<td>______</td>
</tr>
</tbody>
</table>
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 ___________________