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

<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>
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<tbody>
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  **Total**

3. Applicant’s estimated expenses and resources from (m/y)______________ to (m/y)______________.
   (Estimate is for the 2019-2020 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 - $42084  Non-Resident Tuition - $87,150 (Tuition figures are for 2018-2019)

**EXPENSES RESOURCES**

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