

# Medical School Scholarship Application

## Scholarships administered in accordance with House Bill 1641

### DEADLINE

DEADLINE FOR SUBMISSION BY **2009 ENTERING CLASS: MARCH 15.**  
IF YOU ARE ACCEPTED AFTER 3/15/09, YOU MAY COMPLETE THE FORM AND RETURN IT FOR  
CONSIDERATION FOR ANY AVAILABLE SCHOLARSHIPS.

DEADLINE FOR SUBMISSION BY RETURNING STUDENTS: **MAY 1.**

ENTERING STUDENTS WILL BE NOTIFIED OF SCHOLARSHIP SELECTION BY **APRIL 15.**

**Full Name** \_\_\_\_\_

**Address as of 4/15/09:** \_\_\_\_\_

\_\_\_\_\_

**TEXAS RESIDENT** YES NO                      **US CITIZEN** YES NO  
**IF NO, PERMANENT RESIDENT** YES NO

**Current status:** Entering 2009    MS I    MS II    MS III    Other \_\_\_\_\_

If you anticipate a name change by the time school starts, please give your new name:  
\_\_\_\_\_

**SSN #** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Are you married or will you be married as of 8/13/09?** YES NO

If YES, what will your spouse be doing during the academic year 09-10?

SPOUSE'S OCCUPATION \_\_\_\_\_  
SPOUSAL SOURCE OF INCOME (parent, employer, financial aid, etc.)  
\_\_\_\_\_

SPOUSE'S INCOME/MO. \_\_\_\_\_

### ANTICIPATED LIVING ARRANGEMENT IN HOUSTON

- \_\_\_ Rent (indicate what you plan to spend for housing including utilities per month \_\_\_\_\_)
- \_\_\_ Own (indicate approximate current value of house \_\_\_\_\_)
- \_\_\_ Live with parents
- \_\_\_ Other (explain \_\_\_\_\_)

**Do you/will you have children as of 8/13/09?** YES NO

If yes, list birthdates: \_\_\_\_\_

**PARENTAL INFORMATION**

(IF RETIRED, PLEASE SO INDICATE ALONG WITH PRE-RETIREMENT OCCUPATION AND SUPPLY ANNUAL INCOME FOR LAST FULL YEAR OF EMPLOYMENT – please indicate what year)

	OCCUPATION	GROSS ANN. INCOME 2008
FATHER		
MOTHER		
STEPFATHER		
STEPMOTHER		

Siblings (list ages): \_\_\_\_\_

**Paying for Medical School**

How do you plan to pay for medical school (list percentages totalling 100%)?

- \_\_\_\_\_ family
- \_\_\_\_\_ military scholarship
- \_\_\_\_\_ other non-UT scholarship (specify name(s) and dollar amounts)

- \_\_\_\_\_ financial aid
- \_\_\_\_\_ other (specify)

**MUST TOTAL 100%**

**How You Paid for Undergraduate Education:**

- \_\_\_\_\_ family
- \_\_\_\_\_ scholarships
- \_\_\_\_\_ loans
- \_\_\_\_\_ employment
- \_\_\_\_\_ other (specify)

**MUST TOTAL 100%**

**EMPLOYMENT** (other than summer and campus jobs) since you graduated from college:

<b>Employer</b>	<b>Job title</b>	<b>Dates (mo/yr)</b>	<b>Salary/mo.</b>

**Other Considerations**

Please discuss any other factors that affect your financial aid or ability to pay for medical school.

By my signature below I verify that this information is correct.	
<hr/>	
signature	date

**Return to:**  
**Student Affairs**  
**6431 Fannin**  
**Houston, TX. 77030 or fax to 713/500-0616**