# Official Medical School Scholarship Application Form

## Personal Information

| Full Name: | Classification as of April circle one: MS0, MSI, MSII, MSIII |
| Tech ID (R#): | Date of Birth: / / |
| Phone 1: | Phone 2: |
| Local Street Address: | City: Zip: |
| Permanent Street Address (if different): | City: Zip: |
| Email: | Texas Resident? Y N |
| Marital Status as of 8/1: | Ethnicity: |

If married, please list what your spouse will be doing in the current year.

| Spouse’s income per month: | Your campus assignment as of August: AMA PB LUBB |
| Did you grow up in or spend at least 8 years in a rural area of Texas? |
| What specialty of medicine are you interested in pursuing? |

## Employment History

| Please list the places you have been employed since college. |
| Location: |
| Duration: |
| Location: |
| Duration: |
| Location: |
| Duration: |

Rev. 02/11
### Honors / Achievements (List Dates)

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Premedical / Medical Organizations / Volunteerism (List Dates)

<table>
<thead>
<tr>
<th>Date</th>
<th>Organization / Volunteerism</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Medical School Finances

How do you plan on financing medical school?
(Circle numbers that apply and note amount. This is for the 4 year period.)

<table>
<thead>
<tr>
<th></th>
<th>Family</th>
<th>Loans</th>
<th>Non-TTUHSC Scholarships</th>
<th>Military Support (HPSP)</th>
<th>Other (Specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other:

If previously received scholarship(s), please list dates and amounts of award(s).

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Additional Circumstances

What is your academic standing in medical school?

Please briefly list the reasons for requesting a scholarship.

| Reason | |
|--------||
|        | |
|        | |
|        | |
State law requires that each student identify any relation to a current Board of Regent member. A student who is related to a current member of governing board of that institution is prohibited from receiving scholarships unless the scholarship is awarded exclusively based on academic merit or is an athletic scholarship. It is a Class B misdemeanor to file a false statement. Please review a list of current Texas Tech Board of Regent members at http://www.texastech.edu/bor/ and then select the most appropriate answer below indicating your relation to any of the Board of Regent members.

- Yes, I am related to a Regent.
- No, I am NOT related to a Regent.

**Applicant Signature**

The information I have provided for this application is correct.

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>

*Return to Office of Admissions 2B116, or Fax to (806) 743-2725*