



EQUITY IN MEDICINE SCHOLARSHIP PROGRAM APPLICATION

Student Information

1. Name: _____

2. Student ID Number: _____ 3. Date of Birth: (mm/dd/yyyy) ____/____/____

4. Permanent address: _____

5. Mailing address: _____

6. Phone number: _____ 7. Email: _____

8. Country(s) of citizenship: _____ 9. Country(s) of legal residence: _____

10. Please list all languages, including English, you are fluent in (be sure to note which language was your first language):

Student Qualification

To qualify for the Equity in Medicine Scholars Program, you must be a US citizen or permanent resident* and be accepted into the 4 Year Doctor of Medicine degree program at St. George's University. Applicants must fulfill all below requirements:

1. US Citizen/US permanent resident
2. Live or lived in a Medically Underserved Area in the past five years ([MUA Find website](#))
3. Committed to practicing medicine in a Medically Underserved Area
4. Submission of Free Application for Federal Student Aid (FASFA)
5. Demonstrated financial need
6. Accepted to four-year Doctor of Medicine degree program

Selection Process

Eligible students can apply for this scholarship at any time during the admissions process. After acceptance to the St. George's University School of Medicine MD program, your scholarship application will be reviewed by the selection committee. The committee will contact top candidates for a phone or video conference interview. All award decisions are made after the submission deadline. Applicants will be notified of an award decision via email.

Students should be aware that this scholarship program is very competitive.

Application Instructions

1. Write an essay that explains your commitment and desire to post-residency service in a medically underserved area. Please use the space provided on this application or submit the essay as an additional attachment. **Essays should be approximately 500 words, typed, and enclosed with this application.**
2. Along with completed scholarship application, include documentation of your current or prior address in a medically underserved area (i.e. pay stub, residency affidavit, copy of lease, etc.).
3. Optional to include current list of all community service/volunteer work.
4. You must sign the certification and authorization on page 4.
5. Email all documents in a single attachment to mlewis5@sgu.edu.
6. Submission of scholarship application prior to the deadline.

Student's Commitment and Expectations

By accepting this St. George's University award, candidates consent to allow SGU to use without limitation, and in any media, your name, city, state, country, your likeness, and your quotes for marketing and promotional purposes.

Application Deadlines and Award Notification

All applications will be reviewed by the scholarship committee after the deadline date. Upon review and selection, each application will receive either an award letter or a letter of declination.

DEADLINE:

July 1 for class commencing in August

December 1 for class commencing in January

March 1 for class commencing in April

Student Name: _____

Student ID Number: _____

CERTIFICATION AND AUTHORIZATION

We declare that the information on this form is true, correct, and complete. St. George's University School of Medicine has our permission to verify the information reported by obtaining documentation as needed. WARNING: Providing false information may result in the University revoking its initial decision to enroll this student.

Student Signature _____ Date: ____/____/____

Spouse's Signature _____ Date: ____/____/____

Student Name: _____ Student ID Number: _____

ESSAY

Write an essay that explains your commitment and desire to post-residency service in a medically underserved area. Please use the space below or submit the essay as an additional attachment. **Essays should be approximately 500 words, typed, and enclosed with this application.**

Student Name: _____ Student ID Number: _____

U.S. CONFIDENTIAL FINANCIAL STATEMENT
St. George's University School of Medicine

The Confidential Financial Statement (CFS) is designed to gather information from students who are applying for assistance from SGU. SGU can only consider applications for assistance prior to enrollment in the 4 year MD program.

Student Information				
Last Name		First Name		Student ID (A0#)
Province (if applicable)		When do you expect to begin your studies at SGU?		
Your Permanent Address				
Your Mailing Address				
Country(ies) of Citizenship				
Country(ies) of Permanent Residence				
Student's Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Domestic Partnership <input type="checkbox"/>	
Parental Information				
What is your parent's current marital status?				
Parent's Name		Parent's Name		
Address		Address		
Occupation/Title		Occupation/Title		
Employed <input type="checkbox"/>	Self Employed <input type="checkbox"/>	Retired <input type="checkbox"/>	Employed <input type="checkbox"/>	Self Employed <input type="checkbox"/> Retired <input type="checkbox"/>
How many people, including yourself, are dependent on your parents' financial support for assistance in areas such as education, living expenses, etc.?				
Members in Household				
Full name of family member	Age	Relationship to you	Year in school	Amount of parental contribution USD\$
				\$
				\$
				\$
				\$
				\$
				\$
Financial Information: Please list in U.S. Dollars (USD\$)				
Documentation may be required upon request.				
During the prior calendar year, how much household income (before taxes or expenses) came from the following sources:				
Student/Spouse Income		Parent's Income		
Student's wages	\$	Father's wages	\$	
Spouse's wages	\$	Mother's wages	\$	
Interest & Dividend Income	\$	Interest & Dividend Income	\$	
Income from Business	\$	Income from Business	\$	
Income from Rental Property	\$	Income from Rental Property	\$	
Pension/Annuity/Retirement	\$	Pension/Annuity/Retirement	\$	
Other Income	\$	Other Income	\$	
Will there be a significant increase or decrease in yours or your family's income next year?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please explain:				

Asset Information - Student & Spouse: Please list in U.S. Dollars (USD\$)

Do you and/or your spouse own your own home?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you and/or your spouse own a business?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Current Market Value of Home	\$	Market Value of Business	\$
Outstanding Mortgage	\$	Type of Business	
Savings	\$	Investments (such as stocks and bonds)	\$
Market Value of other real estate (other than home)*	\$	Please describe (ex. land, vacation home, rental property)*	

Asset Information – Parental: Please list in U.S. Dollars (USD\$)

Does your family own their home?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Does your family own a business?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Current Market Value of Home	\$	Market Value of Business	\$
Outstanding Mortgage	\$	Type of Business	
Savings	\$	Investments (such as stocks and bonds)	\$
Market Value of other real estate (Do not include primary residence)*	\$	Please describe (ex. land, vacation home, rental property)*	

Expected Support for Educational Expenses: Please list in U.S. Dollars (USD\$)

	Year 1	Year 2	Year 3	Year 4
Student's Savings / Assets	\$	\$	\$	\$
Family Income	\$	\$	\$	\$
Family Assets	\$	\$	\$	\$
Relatives and Friends	\$	\$	\$	\$
Private Scholarships (non SGU)	\$	\$	\$	\$
Private Sponsor	\$	\$	\$	\$
Other: Please explain below	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

U.S Federal Loans / Private Student Loans : Please list in U.S. Dollars (USD\$)

Most U.S. students utilize U.S. Federal Loans to assist with their total educational expenses

Have you completed the FAFSA	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you plan to borrow U.S Federal Student Loans up to your full eligibility	Yes <input type="checkbox"/> No <input type="checkbox"/>

Private Student Loans

Have you applied for a Private Student Loan	Yes <input type="checkbox"/> No <input type="checkbox"/>	How much did you apply for	\$

Please use this section to explain special circumstances or to provide us with any other information that would be helpful in evaluating you for scholarship/financial assistance.

I hereby certify that the information I have provided is accurate and complete to the best of my knowledge.

Signature of Student DATE _____

Signature of Spouse DATE _____

Name of Spouse (printed)

Signature of Parent DATE _____

Name of Parent (printed)