**Financial Aid Application**

**University of Colorado School of Medicine**

**Pre-Medicine Emergency and Wilderness Medicine Program**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected Year of Graduation: \_\_\_\_\_\_\_

1. Applying for which dates:

\_\_ June 1-13 \_\_ August 8-20 \_\_ August 20-Sept. 1

2. Indicate percentage of any financial aid package

\_\_% Loans \_\_% Scholarships \_\_% Grants \_\_% Other (describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

3. Were you awarded Pell Grant for 2013-24 academic year: \_\_Yes \_\_No \_\_No, but was in \_\_\_\_\_\_\_ academic year

4. 2013 Personal and Family Gross Annual Income:\*

\_\_ less than $15,000 \_\_ $15,000-$34,999 \_\_ $35,000-$59,999

\_\_ $60,000-$74,999 \_\_ $75,000-$99,999 \_\_$100,000-$149,999

\_\_ more than $150,000

*\*If you or your parents/guardians filed and IRS tax return, gross annual income will be recorded*

*on IRS form 1040—line 22, Form 1040A—line 18, or Form 1040EZ—line 4*

*\_\_ Listed amount is from IRS tax return*

5. Total family size, including yourself, parents/siblings, and other dependents living at home: \_\_\_

6. Number of siblings (not counting yourself) attending full time higher education in 2013 or 2014: \_\_\_

7. Gender, Ethnicity, and Age (*Questions 6-11 are optional*)

Gender: ­­\_\_ Female \_\_ Male \_\_ Other (please describe - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Ethnicity: \_\_ Hispanic, Chicano, Mexican, Latino, Cuban, Puerto Rican, Central/South American

\_\_ American Indian or Alaska Native \_\_ Black or African-American

\_\_ Pacific Islander or Native Hawaiian \_\_ Asian

8. Is English your native language: \_\_ Yes \_\_ No (if no, primary language - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

9. Parents country of birth (only if not born in the US)

Father/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Family Education Background – Indicate highest level of formal education attained by your parents or legal guardians:

\_\_ less than high school graduate \_\_ high school graduate or equivalent

\_\_ 2-year college degree or tech school \_\_ bachelor degree

\_\_ master degree \_\_ doctoral degree

11. Other information that would help describe your need for financial aid:

I attest that to the best of my knowledge, the information submitted on this application is true and complete. I understand that if found to be otherwise, it is sufficient cause for refusal or dismissal from the program.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please return to Dr. Todd Miner at todd.miner@ucdenver.edu*