

Applicant Contact Information

Name: FIRST MIDDLE LAST

Permanent Address: STREET

CITY STATE ZIP CODE

County of Residence: Phone Number:

Cell Phone Number: Email:

Date of Birth: Gender: M F US Citizen? Yes No If no, are you a legal resident? Yes No

Optional Information

Did either of your parents complete college? Yes No

- Race/Ethnic Origin: African-American, Asian-American, Pacific Islander, Caucasian, Latino, Native American, Alaskan Native, Other

Education

High School Date of graduation GPA: CITY

College Date of graduation GPA: CITY

Are you currently enrolled in a medical school? Yes No

If yes, please provide name of school: Current year in school:

If no, have you been accepted to a medical school? Yes No

If yes, please provide name of school:

If no, please list the medical school you hope to attend:

FIRST CHOICE SECOND CHOICE

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**Academic Achievements**

Attach an additional sheet if necessary. *Additional sheets must follow the application format.*

1. Describe your academic achievements (i.e., publications, certifications, degrees, etc):

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2. List any academic awards you have received:

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3. List leadership activities (i.e., offices held, etc.) since entering college/university:

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**Community Involvement**

Please list the principal community, volunteer, personal and extracurricular activities in which you have been involved. Include student government, volunteer projects, etc. Attach an additional sheet if necessary. *Additional sheets must follow the application format.*

Activity	Honors and/or Positions Held	Dates of Involvement	Hours per Month
		/ / - / /	
		/ / - / /	
		/ / - / /	
		/ / - / /	
		/ / - / /	
		/ / - / /	

**Employment History**

Beginning with your present or most recent job, list your employment history (if applicable). Attach an additional sheet if necessary. *Additional sheets must follow the application format.*

Employer	Position	Dates of Employment	Hours per Week
		/ / - / /	
		/ / - / /	
		/ / - / /	
		/ / - / /	
		/ / - / /	
		/ / - / /	

How have you used income earned? \_\_\_\_\_  
 \_\_\_\_\_

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### Household/ Financial Information

It is strongly recommended that you fill out this section with a parent(s)/guardian(s) if you are a dependent. Round all figures to the nearest dollar; do not enter cent amounts. Use the most recent income tax information or estimated current year values. **Do not leave any lines blank.**

Name of parent(s)/guardian(s) with whom you reside (If you are a dependent): \_\_\_\_\_

- \$ \_\_\_\_\_ Cost of attendance (including tuition, fees, room & board, transportation, etc.) at medical school of choice (If you do not yet know the school you will be attending, please estimate)
- \$ \_\_\_\_\_ Head(s) of household's total gross income
- \$ \_\_\_\_\_ Head(s) of household's total cash assets (cash, checking/savings account, stocks, home equity)
- \$ \_\_\_\_\_ Student's income (if not head of household)
- \$ \_\_\_\_\_ Student's total cash assets (if not head of household)
- \_\_\_\_\_ Number in household your parent(s)/guardian(s) currently supports financially (including applicant)
- \_\_\_\_\_ Number in household in a college degree/certificate program in 2012-2013 (including applicant)
- \$ \_\_\_\_\_ Grants/scholarships already received. Please list below as well.

Please list any grants or scholarships already received for upcoming academic year:\*

FUNDING SOURCE	AMOUNT
_____	_____
_____	_____
_____	_____

Please describe any special circumstance that may affect your family's ability to pay for medical school (medical, divorce, unemployment, child support, other):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Required Signatures

I hereby authorize release of any information shown on this application, personal essay, transcripts and references. I certify that all of the information I have provided in this application is accurate and is subject to verification by Silicon Valley Community Foundation at its discretion.

Student: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Notification will be mailed by May 2012 to the address provided. Should you be awarded, scholarship payments will be sent directly to college financial aid offices after Silicon Valley Community Foundation receives verification of admission and enrollment. The community foundation does not disburse scholarship payments directly to individual students.**

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## Application Checklist

### Did you remember to...

- Complete and sign the enclosed application form?
- Include two letters of reference?
- Include an **official** copy of your transcript(s) (both college and medical school, if applicable)?
- Include a signed and dated personal statement?
- Include financial statements (SAR or first two pages of most recent form 1040)?
- Include proof of citizenship (photocopy of birth certificate, passport or naturalization papers)?
- Include proof of graduation from a high school or proof of residence in San Mateo County or Santa Clara County?
- Remove staples from all application attachments?