

SUNY Upstate Medical University

College of Medicine UUMAS Scholarship Application



The Office of Financial Aid is currently accepting Applications for the UUMAS Scholarship

First Name	<input type="text"/>
Last Name	<input type="text"/>
ID Number	<input type="text"/>
Email Address	<input type="text"/>
Cumulative GPA	<input type="text"/>
MCAT Score	<input type="text"/>
Education	<input type="text"/>

Have you completed a FAFSA? Yes ☐ No ☐

A FAFSA must be completed and submitted to review for eligibility

Please attach page 2 – **Financial Needs Assessment Form**

Please attach up to 3 additional pages covering the following topics:

- (A)** Your background
- (B)** Key challenges or hardships you faced in your life and how you addressed them
- (C)** Describe a mistake you have made in your life. Why was that a mistake? What did you learn from it?
- (D)** Who is the individual person (only one) that has had the most impact in your life and why?
- (E)** Evidence of your sincere interest in primary care and/or providing greater access to Central New York Patients who experience barriers to good health care.
- (F)** How would this scholarship enable you to pursue a career in primary care and/or serve those with economic challenges, that you would otherwise not be able to pursue?
- (G)** Describe your interest in practicing medicine in Central New York.

Format margins 1 inch. Font no smaller than Times New Roman 12. Single spaced.

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(Financial Need Assessment Form)

If you have not yet completed a FAFSA (Free Application for Federal Student Aid) form, please do so as soon as possible.

STUDENT NAME: _____

MAILING ADDRESS: _____

STUDENT ID: _____

STUDENT EMAIL: _____

I hereby fully authorize the financial aid office to release my financial aid information and any other relevant information to the Admissions Office at SUNY Upstate Medical University for purposes of determining the UUMAS Scholarship Award.

Resources to cover College Costs:

Expected Family Contribution (EFC) : _____

EXPENSES:

Tuition/Fees _____

Room/Board: _____

Books/Supplies: _____

Transportation: _____

Personal: _____

Child Care: _____

Misc: _____

RESOURCES:

Student/Spouse Contribution: _____

Parent Contribution: _____

Veteran's Benefits: _____

Tuition Waiver: _____

PELL: _____

FSEOG: _____

New York State Excelsior: _____

New York State TAP Award: _____

Other: _____

TOTAL EXPENSES:

TOTAL RESOURCES:

Student Signature

Date

Financial Aid Officer Signature