

APPLICANT INFORMATION

This is the **ONLY** area of the application where your identifying information will appear. Please use only the last **four digits of your social security number as identifier** on all subsequent pages and attachments.

Name (First):	(Middle):	(Last):
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Street Address:

City:	State:	Zip:
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Email:	Preferred Phone:	Alt. Phone:
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Date of Birth:	US Citizen: Yes No	
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Check all that apply (only one required for eligibility):

I am a student from Connecticut.

I attend one of the following medical schools in Connecticut: The University of Connecticut (UConn) School of Medicine, Yale School of Medicine, Quinnipiac School of Medicine.

CHECKLIST:
Before you return your application package, please verify that you have enclosed the following documentation. Incomplete applications will be disqualified and will not be reviewed.

Check each box to verify completion:
Completed Application (please complete all sections on pages 2-6)

Please include the following:
A personal statement essay, describing career goals and future aspirations. Limit to 400 words. Please use page 6 provided or regular white paper, double-spaced, with one inch margins.

Medical school transcript(s) – copy/unofficial transcripts/score is acceptable

Two letters of recommendation: (must be sealed in an envelope and signed across sealed flap)
One from a faculty member
One from someone of your choosing – NOT a family member

CERTIFICATION:
In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to submit proof of information I have provided on this form. Falsification of information may result in termination of any scholarship granted. This application and attached materials become the property of Hospital for Special Care Foundation, Inc.

Applicant's Signature: _____ Date: _____

ACADEMIC PROFILE/HISTORY

Instructions: This section must be completed and **signed by an official of your school.**

School Official Signature: _____ **Title:** _____

MEDICAL COLLEGE/ UNIVERSITY CURRENTLY ATTENDING:

School: _____ City: _____ State: _____

Status for the September **2023** academic year: 4th Year Medical Student

ACADEMIC HISTORY

COLLEGE: Name/Location _____

Year graduated: _____ Degree: _____ Major: _____

GRADUATE SCHOOL (If applicable) Name/Location _____

Year graduated: _____ Degree: _____ Major: _____

ACADEMIC HONORS: List academic honors received in College and Medical School. Limit to the ten most recent.

NAME:	DATE RECEIVED:
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

EMPLOYMENT HISTORY, EXTRACURRICULAR ACTIVITIES, AWARDS, OTHER

Employment (Limit to 5; please start with most recent):

Indicate any full-time or part-time position held. Note if this was summer employment.

DATES EMPLOYED	EMPLOYER	TITLE	HRS./WK.

Publications (Limit to 5; please start with most recent):

Research Projects (Limit to 5; please start with most recent):

Community Service : List volunteer work or community service activities without pay (Limit to 5; please start with most recent):

ORGANIZATION	ACTIVITY/EVENT	YEAR(S) PARTICIPATED	TOTAL HOURS VOLUNTEERED

Awards/Other (Limit to 5; please start with most recent):

STUDENT FINANCIAL STATEMENT: To be completed by financial aid officer:

Name of student: _____

Medical School: _____

Year to graduate: _____

Marital Status: _____

Number of dependents: _____

Spouse/Partner occupation: _____

Number of siblings in college/graduate school: _____

Parent(s) occupation(s): _____

Was student listed as an "exemption" on parent's income tax return last year? YES NO

PROJECTED 2022-2023 BUDGET:

Expenses	Applicant	Spouse/Partner
Tuition		
Living expense		

Living expense include books, educational supplies, rent/housing, food, clothing, transportation/car, medical/dental insurance and miscellaneous costs.

Income	Applicant	Spouse/Partner
Earned		
Gifts and/or grants		

Debt	Applicant	Spouse/Partner
Current pre-medical debt		
Current medical school debt		

Total debt to date		
Projected debt at graduation		

Please describe how the applicant's spouse/partner, parent(s), and/or family members are assisting with expenses:

Explain below any unusual financial circumstances in your household (may attach a page if space below is insufficient):

Applicant's Signature: _____ Date: _____

Name of financial aid officer (Please print): _____

Signature of financial aid officer: _____ Date: _____



PERSONAL STATEMENT: Please describe career goals and future aspirations (limit 400 words):