**APPLICATION TO THE JOSEPH COLLINS FOUNDATION**

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| 1. **YOUR BACKGROUND**
 |
| NAME AND ADDRESS OF APPLICANT: |  |
|  |  ::: PLEASE ATTACH A SMALL: PHOTOGRAPH OF YOURSELF::::  |
| HIGH SCHOOL, YEAR OF GRADUATION: |
|  |
| COLLEGE | DEGREE | YEAR | CLASS STANDING | GRADE AVERAGE |
|  |  |  |  |  |
| EXTRA CURRICULAR ACTIVITIES; VOLUNTEER WORK: |
|  |
| MEDICAL SCHOOL: | PRESENT YEAR OF STUDY: |
|  |  |
| EXTRA CURRICULAR ACTIVITIES, VOLUNTEER WORK: |
|  |
| EXPECTED AREA OF MEDICAL PRACTICE, IF DETERMINED: |
|  |
| 1. **YOUR PARENTS’ BACKGROUND; INCOME AND DEPENDENTS**
 |
| FATHER’S NAME AND ADDRESS: | MOTHER’S NAME AND ADDRESS: |
|  |  |
| FATHER’S OCCUPATION: | MOTHER’S OCCUPATION: |
|  |  |
| FATHER’S INCOME IN LAST YEAR: | MOTHER’S INCOME LAST YEAR: |
|  |  |
| THEIR DEPENDENTS AND THEIR AGES: |
|  |
| EXPECTED CHANGES IN YOUR PARENTS’ INCOME: |
|  |
| 1. **YOUR SPOUSE’S BACKGROUND; INCOME AND DEPENDENTS (IF APPLICABLE)**
 |
| SPOUSE’S NAME AND ADDRESS: |  |
| SPOUSE’S OCCUPATION: |  |
| SPOUSE’S INCOME IN LAST YEAR: |  |
| SPOUSE’S DEPENDENTS AND THEIR AGES: |  |
| EXPECTED CHANGES IN SPOUSE’S INCOME: |  |
| 1. **YOUR SOURCES OF RECEIVED OR EXPECTED INCOME, GIFTS SCHOLARSHIPS, LOANS, ETC. TO SUSTAIN YOU DURING MEDICAL SCHOOL**
 |
|  | 1ST YEAR | 2ND YEAR | 3RD YEAR | 4TH YEAR |
| PARENTS’ CONTRIBUTIONS: | $ | $ | $ | $ |
| SPOUSE’S CONTRIBUTIONS: | $ | $ | $ | $ |
| SCHOLARSHIPS: | $ | $ | $ | $ |
| LOANS: | $ | $ | $ | $ |
| EARNINGS DURING PAST YEAR: | $ | $ | $ | $ |
| OTHER SOURCES OF ASSETS OR INCOME: | $ | $ | $ | $ |
| TOTALS: | $ | $ | $ | $ |
| 1. **YOUR DEBTS**
 |
| AMOUNT OF OUTSTANDING COLLEGE DEBT AS OF DATE OF APPLICATION: | $ |
| MEDICAL SCHOOL DEBT (INCURRED AND ESTIMATED) |
| 1ST YEAR + | 2ND YEAR + | 3RD YEAR + | 4TH YEAR = | $ |
| TOTAL DEBT DUE TO COLLEGE AND MEDICAL SCHOOL: | $ |
| 1. **YOUR INTEREST IN THE ARTS**
 |
| STATE YOUR PAST ACTIVITIES IN LITERATURE, MUSIC, OPERA, PAINTING, SCULPTURE, BALLET, DANCE OR DRAMA, IF NOT LISTED UNDER YOUR EXTRA CURRICULAR ACTIVITIES. |
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| 1. **CERTIFICATION:**
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| I CERTIFY THE FOREGOING INFORMATION TO BE TRUE AND ACCURATE. I AUTHORIZE THE TRUSTEES OF JOSEPH COLLINS FOUNDATION TO MAKE INQUIRIES CONCERNING ME OF ANY PERSON MENTIONED HEREIN, OF MY COLLEGE AND OF MY MEDICAL SCHOOL. |
| DATE: | SIGNATURE: |
|  |  |
| 1. **ATTACHMENTS:**
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| YOU MUST ATTACH:A BRIEF AUTOBIOGRAPHY, WHICH SHOULD INCLUDE YOUR HOME ENVIRONMENT, SOCIAL AND EMOTIONAL ADJUSTMENTS, CULTURAL INTERESTS AND FUTURE OBJECTIVES; STATE WHAT MOTIVATES YOU TO STUDY MEDICINE;A LETTER OF RECOMMENDATION FROM ONE OF YOUR PROFESSORS;YOUR COLLEGE TRANSCRIPTS;YOUR MEDICAL SCHOOL TRANSCRIPTS; ANDYOUR PHOTOGRAPH. |
| 1. **EMAILING**
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| THE COMPLETED APPLICATION SIGNED BY THE STUDENT, TOGETHER WITH THE RECOMMENDATION OF THE FINANCIAL AID OFFICER OR THE PERSON IN CHARGE OF STUDENT AFFAIRS, MUST BE EMAILED BY THE SCHOOL TO:JOSEPH COLLINS FOUNDATIONC/O WILLKIE FARR & GALLAGHER LLPATTENTION: CAROLYN WETZ,CORPORATE PARALEGALEMAIL: CWETZ@WILLKIE.COM |