



# GRADUATE AND PROFESSIONAL SCHOLARSHIP APPLICATION

Academic Year 2011-2012

Student Financial Aid Services  
Reed Hall- Suite 427  
1620 McElderry Street,  
Baltimore, MD 21205  
410-955-1324 Telephone  
410-614-3730 Fax  
Email: [finaid@jhmi.edu](mailto:finaid@jhmi.edu)

Maryland State Residents Only

## Instructions

Applicants for the Graduate and Professional Scholarship program must be United States citizens whose permanent state of residence is Maryland.

Applicants must be enrolled as a full-time medical student at The Johns Hopkins University School of Medicine and have a completed financial aid application (FAFSA) on file at time of application to be considered.

## Section A – Personal Information

1. Last name: \_\_\_\_\_ First name: \_\_\_\_\_
2. Permanent mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Telephone: (\_\_\_\_) \_\_\_\_\_ Alternate phone: (\_\_\_\_) \_\_\_\_\_
4. Date your Maryland residency began: \_\_\_\_/\_\_\_\_/\_\_\_\_
5. Do you have a valid driver's license?  No  Yes  
State: \_\_\_\_\_ License number: \_\_\_\_\_
6. Parent's state of legal residence: \_\_\_\_\_ Date their residency began: \_\_\_\_/\_\_\_\_/\_\_\_\_
7. Have you ever received this scholarship?  No  Yes Date(s) of award(s): \_\_\_\_/\_\_\_\_/\_\_\_\_

## Section B – Certification

I certify that the information given on this form is true and complete to the best of my knowledge.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**