



GRADUATE AND PROFESSIONAL SCHOLARSHIP APPLICATION

Academic Year 2012-2013

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

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

- Last name: _____ First name: _____
- Permanent mailing address: _____
City: _____ State: _____ Zip: _____
Home Telephone: (____) _____ Alternate phone: (____) _____
- Date your Maryland residency began: ____/____/____
- Do you have a valid driver's license? No Yes
State: _____ License number: _____
- Parent's state of legal residence: _____ Date their residency began: ____/____/____
- 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