



GRADUATE AND PROFESSIONAL SCHOLARSHIP APPLICATION

Academic Year 2008-2009

Office of Financial Aid
Broadway Research Building
733 North Broadway, Suite 137
Baltimore, MD 21205
410-955-1324 Telephone
410-955-0544 Fax
Email: finaid@jhmi.edu
<http://www.hopkinsmedicine.org/som/offices/finaid/index.html>

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