

JOANNA F. REED MEDICAL SCHOLARSHIP

Renewal _____

APPLICATION FORM FOR ACADEMIC YEAR 2018-2019

First Time _____

Name _____ Date of Birth _____

Permanent Address _____

County of Residence _____ Phone Number _____

Social Security Number _____ Email address _____

FATHER: living () deceased ()

MOTHER: living () deceased ()

SPOUSE:

Name _____

Occupation _____

State of Residence _____

Student's Dependents (names & ages) _____

Secondary School Attended _____ Year of Graduation _____

City _____ State _____

List all undergraduate colleges you have attended (in chronological order)

Institution	City & State	Dates	Major	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all graduate or professional schools attended, including medical school.
(First year medical students must provide a copy of acceptance letter.)

Institution	City & State	Dates	Major	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

In what extracurricular, community and/or vocational activities have you participated while in school or subsequently? Please include any office held or awards you may have received _____

If you have been employed during the regular school year, specify what type of work and approximately how many hours per week. Currently _____

Previously _____

How have you spent your summers during college? _____

If your education has not been continuous, please indicate what you have done while not in school:

Have you ever been required to leave any school, or denied readmission, for any reason? _____

If yes, explain fully. _____

If you have had any military service, complete the following:

Branch of service	Highest Rank	Entry Date	Discharge Date
_____	_____	_____	_____

_____ Applying for medical scholarship—please attach an official transcript from all undergraduate colleges and all professional schools attended. MCAT score _____

_____ Applying for undergraduate scholarship—please attach an official transcript from all secondary schools and all undergraduate colleges attended. ACT score _____ SAT score _____

Please have two of your former academic instructors provide a letter of recommendation addressing your past academic and extracurricular achievements and your potential for a career in the medical profession. Enclose these letters with your application and transcript(s).

INSTRUCTIONS FOR FILING THIS APPLICATION

- Answer all questions on the application
- Sign and date the application
- Send the application, along with requested documentation and attachments, to the address below

Joanna F. Reed Medical Scholarship Trust
Attention: Hillaria Commander
Post Office Box 469
Brewton, Alabama 36427

Should the selection committee desire to conduct an interview, in person or by phone, you will be given advance notice

I certify that the information submitted on this application is complete and correct to the best of my knowledge.

Date _____ Signature _____

The deadline for receipt of completed applications and all requested documentation is June 8, 2018.

INFORMATION FROM INCOME TAX RETURNS

(The following information is required of all applicants and their parents)

A U.S. Income Tax return has been filed, or will be filed, for 2017 YES ___ NO ___

	Parent(s)	Student & Spouse
Total number of exemptions claimed (Form 1040, line 6d or 1040A, line 6d).	_____	_____
Adjusted gross income (Form 1040, line 37 or 1040A, line 21)	_____	_____
Total itemized deductions (Form 1040, Schedule A, line 27)	_____	_____
Non-taxable income:		
(a) Social Security benefits	_____	_____
(b) Other (child support, welfare, etc.)	_____	_____
Medical & dental expenses not covered by insurance	_____	_____
Expected gross income on next return	_____	_____
Expected non-taxable income on next return:		
(a) Social Security benefits	_____	_____
(b) Other (child support, welfare, etc.)	_____	_____
Other financial aid requested by applicant (sources and amounts)	_____	_____
Anticipated _____ Received _____		

ASSET INFORMATION

	Parents		Student & Spouse	
	What is its worth?	What is owed on it?	What is its worth?	What is owed on it?
Cash, savings accounts, checking accounts	_____	_____	_____	_____
Home	_____	_____	_____	_____
Other real estate/investments	_____	_____	_____	_____
Business/Farm	_____	_____	_____	_____
Other assets	_____	_____	_____	_____