



GRADUATE AND PROFESSIONAL SCHOLARSHIP APPLICATION

Academic Year 2019-2020

Student Financial Aid Services
Reed Hall- Suite 427
1620 McElderry Street,
Email: finaid@jhmi.edu

Maryland State Residents Only

Instructions

Complete all sections, sign and return the application to the Financial Aid Office

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.

Section A – Personal Information

1. Last name: _____ First name: _____
2. Year in School _____
3. 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 of last award: ____/____/____

Section B – Certification

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

Section C – Pledge

_____ I pledge, as a condition of receiving student financial assistance from the Maryland State Graduate Professional Scholarship Program, to remain drug free for the full term of the award. Unlawful use of drugs and alcohol may endanger my enrollment in a Maryland College as well as my Maryland financial aid award."

Signature _____

Date _____