

External Scholarship Matching Datasheet

Please fill out the following datasheet if interested in being matched to external privately-funded scholarships. Please understand that much of the private criterion is based on demographic information including: race, sex, ethnicity, and state of legal residence. This datasheet will help our office to identify potential outside private scholarships for which you may be eligible. Please be detailed as you respond to the questions as the more information we have, the easier it will be to match you with scholarship opportunities. If you wish to provide a copy of your CV, please do so.

Completing this form is optional and not required as a part of WFSM's need-based financial aid application process. All questions on this form are asked because there is an active scholarship that corresponds to them.

Program: <input type="checkbox"/> M.D. <input type="checkbox"/> PA <input type="checkbox"/> Graduate Studies <input type="checkbox"/> Nurse Anesthesia			
Name: _____			Class Year: _____
Last	First	Middle	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		State of Legal Residence: _____	County of Residence: _____
Hometown: _____			
City	State		
Please list the high school you attended.			
Name of School	City	State	County
Please list all colleges & universities from which you have received a degree.			
Name of College/University	City	State	County
Name of College/University	City	State	County
Name of College/University	City	State	County
Which of the following best describes you: (please check all that apply)			
<input type="checkbox"/> Black/African American	<input type="checkbox"/> South American	<input type="checkbox"/> Filipino	<input type="checkbox"/> Indian
<input type="checkbox"/> Caribbean	<input type="checkbox"/> Hispanic or Latino/Latina	<input type="checkbox"/> Japanese	<input type="checkbox"/> South Asian
<input type="checkbox"/> Native American	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Korean	<input type="checkbox"/> Asian
<input type="checkbox"/> Dominican	<input type="checkbox"/> Native American	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Mexican
<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Samoan
<input type="checkbox"/> Central American	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Cuban	<input type="checkbox"/> Spanish
<input type="checkbox"/> Other: _____			
Please check all medical specialties that you are interested in pursuing.			
<input type="checkbox"/> Family Medicine	<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Internal Medicine
<input type="checkbox"/> Cardiology	<input type="checkbox"/> Surgery	<input type="checkbox"/> Neurology	<input type="checkbox"/> Radiology
<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> Academic Medicine	<input type="checkbox"/> Other: _____	
Are you interested in working in health professions shortage areas? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you interested in loan forgiveness programs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you interested in Christian medical missions? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a visual, hearing, or other physical disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your parent/guardian/spouse a Federal Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your parent/guardian a Union member (current or retired)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a member of the LGBT community? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you or your parent/guardian/spouse a US Military Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, list branch, rank and number of years served:			

Are you actively involved in fine arts & cultural pursuits (i.e. painting, sculpture, drama, dance, film, writing, music)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF YES, indicate your area of interest: _____			

Please list Fraternity/Sorority Membership. Indicate any leadership positions held.

Please list Honor Society Memberships:

Please list your Community Service/Volunteer Experiences:

Please list any research completed or in progress:

Are you of Armenian descent? Yes No

Are you of Korean descent? Yes No

Are you of Polish American descent? Yes No

Are you of Greek descent? Yes No

Are you of Chinese descent? Yes No

Are you of Turkish American descent? Yes No

Are you of Italian American descent? Yes No

Please indicate your religious faith affiliation (i.e. Jewish, Catholic, Muslim, LDS, Methodist, etc)

Do you have a medically recognized disability? If so, please elaborate.
