

**OREGON HEALTH & SCIENCE UNIVERSITY  
2009-10 SCHOOL OF MEDICINE SCHOLARSHIP APPLICATION**

Committees within the School of Medicine use the information provided on this application (and information authorized to be released on this application) to award scholarships for medical (MD) students. The application must be **postmarked or received by November 13, 2009**. Scholarship applications are to be submitted to the OHSU Registrar and Financial Aid Office. If you have not already done so, the 2009-10 Free Application for Federal Student Aid (FAFSA) must be submitted to the federal processor and the results released to OHSU by the scholarship deadline. The School of Medicine Scholarship committee usually meets in late fall/early winter and awards made late winter/early spring. You will be notified in writing if you receive a scholarship. If you are awarded a scholarship, it will be included as part of your financial aid that **may** reduce/replace other aid previously awarded.

1. Name: \_\_\_\_\_

2. Social Security #: \_\_\_\_\_

3. County and State of Permanent Address: \_\_\_\_\_  
County State

4. High School Attended: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

High School Location: \_\_\_\_\_  
City County State

5. Extracurricular activities after graduating from high school (please specify activities):

Organized Sports (not intramural): \_\_\_\_\_

Music: \_\_\_\_\_

Other: \_\_\_\_\_

6. Prior College/University Attended Location (City/State)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Medical Field that you plan to pursue (i.e., family practice, cardiology, etc):

\_\_\_\_\_

**I authorize the OHSU Registrar and Financial Aid Office to release the following information to the School of Medicine/OHSU Foundation in order to determine my eligibility for scholarships: The information listed on this form, my Free Application for Federal Student Aid, my Expected Family Contribution, my financial aid need, the aid that has been awarded to me, year in program, my GPA.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return the form to: **Oregon Health & Science University  
Office of the Registrar and Financial Aid  
3181 SW Sam Jackson Park Road, Mail Code L109  
Portland, OR 97239-3098**