

## Dr. W. C. Stillwell Foundation Scholarship Application

1. Name: \_\_\_\_\_
2. Current Mailing Address: \_\_\_\_\_  
(City) (State) (Zip)
3. List Residences for the last 10 years. (City, State, and Number of years only)

City	State	Years	City	State	Years	City	State	Years

4. Phone: \_\_\_\_\_ 5. Birthdate: \_\_\_\_\_ 6. Place of Birth: \_\_\_\_\_
7. Social Security No.: \_\_\_\_\_ 8. Citizenship: \_\_\_\_\_
9. Parents:

	Father	Mother
Name		
Address		
County		
Occupation		
Education		

10. Siblings: (names and ages) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Married:  Yes  No      12. Date Married: \_\_\_\_\_ 13. No. Dependents: \_\_\_\_\_
14. High School: Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_  
 Address: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_  
 Honors: \_\_\_\_\_

15. Undergraduate and Graduate Colleges Attended:

College	Location	Dates	Major	Degree	GPA

16. College Honors: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
17. Extracurricular and community Activities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

18. Hobbies and nonacademic interests: \_\_\_\_\_  
 \_\_\_\_\_
19. Employment during school and summer vacations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
20. If your education was not continuous, indicate what you have done while not in school. \_\_\_\_\_  
 \_\_\_\_\_
21. Were you ever requested to leave college or denied readmission?  No  Yes If Yes Explain. \_\_\_\_\_  
 \_\_\_\_\_
22. Have you ever been convicted of a felony?  No  Yes If Yes Explain. \_\_\_\_\_  
 \_\_\_\_\_

**FINANCIAL STATEMENT: (previous year)**

	Student	Spouse	Parents
Previous years Adjusted Gross Income:			
Previous years U.S. Income Tax :			
Previous years State Income Tax :			
Estimate of Assets Value: Auto :			
Home :			
Business :			
Real Estate :			
Other :			
Present Debts Auto :			
Home :			
Business :			
Real Estate :			
Other :			
Present Years Estimated Income :			
VA Education Benefits :			
Social Security Benefits :			
Student Scholarships :			
Student Loans :			

**PLEASE SEND THE FOLLOWING**

1. Copy of your MCAT scores.
2. Copy of your College Transcript.
3. Three recommendations from college instructors.
4. Estimation of your financial need by your financial aid office.
5. A one page narative similar to your AMCAS application, summerizing your atributes for medical school, your unique qualifications for this scholarship and any other comments regarding your personal or financial situation.

All the information on this application is true and complete to the best of my knowledge. I understand that Proof (such as income tax forms) if requested will be provided and that if I falsify any information the scholarship will be withdrawn and repaid.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_