

University of Kentucky College of Medicine
2005-06 Scholarships for Disadvantaged Students (SDS) Scholarship Request Form

Name: _____ SSN: _____

Are you the first member of your family to attend college? Yes No

If no, what other members of your family attended college?

Parent(s) Graduated? Yes No

Sibling(s) Graduated? Yes No

For the majority of time from birth to age 18, were you raised by a single parent/guardian? Yes No

If you feel that your background is educationally disadvantaged, describe why:

List your hometown:

City	County	State
List name and location of high school:		

Name	City	County	State
Are you (check all that apply):			

- Black or African American American Indian or Alaska Native
- Hispanic or Latino Native Hawaiian or other Pacific Islander
- Asian (other than Chinese, Filipino, Japanese, Korean, Asian Indian or Thai)

List Origin _____

Other Asian List Origin _____

White, not of Hispanic Origin
 List your nationality: (German, Italian, etc.) _____

If you feel that you are economically disadvantaged, please describe why (add additional page, if necessary).

 I wish to be considered for the SDS Scholarship Program and I have provided parent financial information on the 2005-06 FAFSA or directly to the Financial Aid Office to determine my eligibility.

Signature _____ Date _____ E-mail Address _____

Year Enrolled in 2005-06: 1st 2nd 3rd 4th

Return completed form by the deadline, May 2, 2005 to: University of Kentucky College of Medicine
 Academic Affairs, MN-104, UKMC
 Lexington, KY 40536-029