

UCI School of Medicine

UCI MedAcademy

Phone: 949-824-0272 E-mail: MedAcademy@uci.edu

Scholarship Application

Thank you for your interest in the UCI MedAcademy. UC Irvine is committed to ensuring that all students have the opportunity to become a MedAcademy Scholar. Partial and full scholarships are available to students with financial hardship. To apply for a scholarship, please submit this scholarship application and required tax transcript after you have submitted the regular MedAcademy application online. The scholarship application, essays, and tax transcript must be submitted via email to MedAcademy@uci.edu.

The following are considered in scholarship selection:

- degree of financial hardship
- applicant who will be the first generation to attend college
- applicant demonstrates motivation to assist the medical needs of their community

Checklist for scholarship application:

- A complete MedAcademy application:
 1. Online application at <http://www.meded.uci.edu/medacademy/>
 2. Student Evaluation Form (must be emailed from a teacher or school counselor to MedAcademy@uci.edu)
- This completed Scholarship application (email to MedAcademy@uci.edu)
- IRS Tax Return Transcript **OR** Verification of Non-Filing for either 2018 or 2019 (email to MedAcademy@uci.edu). Please provide **one of the following**:
 1. Tax Return Transcript--may be requested from the IRS in the following ways:
 - Requesting online: <https://www.irs.gov/individuals/get-transcript>
 - Calling (800) 908-9946
 - Mailing an IRS form 4506T: <http://www.irs.gov/pub/irs-pdf/f4506t.pdf>
 - For Item 6, indicate '1040' and mark 6a for 'Return Transcript.'
 - For Item 9, put the date '12/31/2018' or '12/31/2019'
 2. Verification of Non-Filing--may be requested from the IRS in the following ways:
 - Requesting online: <https://www.irs.gov/individuals/get-transcript>
 - Mailing an IRS form 4506T: <http://www.irs.gov/pub/irs-pdf/f4506t.pdf>
 - Mark Item 7 on the form
 - For Item 9, put the date '12/31/2018' (2019 is not available until 6/15/2020)

Please note that incomplete scholarship applications will not be reviewed.

Please E-mail this completed application along with your essay responses and guardian's tax transcript or verification of non-filing to: MedAcademy@uci.edu

Additional information is available on our website: <http://www.meded.uci.edu/medical-academy/>

Scholarship application begins on the next page.

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Scholarship Application

Applicant's Name (Last, First, MI):	Date:
School Attending:	Date of Birth:
Guardian #1 Name (Last, First):	Relationship to Applicant:
Guardian #1 Email:	Guardian #1 Phone Number:
Guardian #1 Occupation:	Education (Highest degree attained):
Guardian #2 Name (Last, First) – Optional:	Relationship to Applicant:
Guardian #2 Email:	Guardian #2 Phone Number:
Guardian #2 Occupation:	Education (Highest degree attained):
Annual Family Income:	Number of People in Household:
Is the applicant's family receiving state/federal assistance?	Yes / No
Is the applicant's family eligible for free or reduced school meals?	Yes / No
Will the applicant be able to participate (pay tuition) if a scholarship is not awarded?	Yes / No

Personal Responses (Essays)

Please answer the following questions on a separate page and submit with your scholarship application (*please remember these are "short" essay questions*).

1. Please describe a challenge or hardship that you have overcome and what you have learned about yourself from this experience.
2. Please tell us what you hope to gain from attending this program and how receiving a scholarship will have a direct impact on you.
3. Describe a health problem you've observed in your community. What are some strategies that could be used to combat this problem?

Student's signature: _____

Date: _____

Guardian's signature: _____

Date: _____

Guardian's name (print legibly): _____