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## Application for the Scholarship for Disadvantaged Students (SDS) Application Deadline May 31, 2007

Student Name (please print) \_\_\_\_\_

KU ID \_\_\_\_\_

The Scholarship for Disadvantaged Students is a program funded by the Department of Health & Human Services (HHS). Funding and awards for the Scholarship for Disadvantaged Students (SDS) vary each year. Only students pursuing a M.D. degree or a B.S.N degree are eligible to apply.

The scholarship is awarded to students who come from a disadvantaged background.

- 1). Economically disadvantaged is defined as an individual that comes from a family with an annual income below a level which is based on low-income thresholds according to the family size published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary of Health & Human Services (HHS) for adaptation to this program. This is determined by comparing the parental tax return to the low income threshold; **or**,
  
- 2). Environmentally disadvantaged is defined as an individual who comes from an environment that has inhibited the individual from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a school. This is determined by comparing data from the student's high school against the national average. Other documentation may be submitted if there are unusual circumstances in the student's background.
  
- 3). Preference for the scholarship is given to students who have participated in the Health Careers Pathways Program (HCPP).

In all cases, parental data is needed and will be considered when calculating an award. No exceptions can be made unless the parents are deceased. The following documents are needed by every student that applies:

- 1). Please attach a copy of your signed 2006 Federal Income Tax Return (and spouse if married) and W2's (or Student Non-Filer form for 2007-08\* if you are not required to file); **and**,
- 2). Please attach a copy of your Parents signed 2006 Federal Income Tax Return and W2's (or Parental Non-Filer form for 2007-08\* if they are not required to file); **and**,
- 3). Please complete a Supplemental Parental Data Worksheet for 2007-08\* or complete the parental section of the FAFSA.

Please select **all** that apply:

I am pursuing a M.D. degree \_\_\_\_\_ I am pursuing a B.S.N degree \_\_\_\_\_

- I want to be considered as an economically disadvantaged student.
- I want to be considered as an environmentally disadvantaged student.
- a). Please attach a letter from your high school including:
    - 1). The average ACT/SAT score from the most recent graduating class; **and**,
    - 2). The graduation rate from most recent graduating class; **and**,
    - 3). The percentage of most recent graduating class that matriculated to a 4 year College or University.
- Or;**
- b). Please attach a letter that explains why you feel you should be considered environmentally disadvantaged along with any relevant documentation.
- Both of my parents are deceased.
- a). Please attach a copy of the death certificates, obituaries, or a third party statement.
- I participated in the Health Careers Pathways Program (HCPP).

\*denotes the form is available from our website.

Incomplete applications will not be considered. Please attach all necessary paperwork before the May 31, 2007 deadline. Students must have financial need as determined by the Free Application for Federal Student Aid (FAFSA) and must be enrolled full time for fall and spring for consideration. Awards will vary each year and will be determined once we have received the funding from the Department of HHS. Funding is subject to change each year based on the number of schools that qualify for awards.

If you have additional information you would like considered, please explain, or attach a separate sheet.

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As the student,

- 1). I understand that parental data will be used in determining the awards for the SDS and will not be used in determining the awards of any other financial aid programs at KUMC (with the exception of the Primary Care Loan);
- 2). I understand that I must be enrolled full time to receive the award;
- 3). I understand that I must submit parental information regardless of my age and regardless of whether my parents contribute to my education (unless my parents are deceased).

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Please return this form and all necessary paperwork by **May 31, 2007** to:

Office of Student Financial Aid  
KU Medical Center  
3901 Rainbow Blvd.  
Mail Stop 4005  
Kansas City, KS 66160

Contact us: [financialaid@kumc.edu](mailto:financialaid@kumc.edu)  
[www.kumc.edu/studentcenter/financialaid.html](http://www.kumc.edu/studentcenter/financialaid.html)  
Phone (913) 588-5170  
Fax (913) 588-8841

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