

Lancaster Medical
Society Foundation
480 New Holland Ave., Ste.8202
Lancaster, PA 17602

Please print or type

Students' Application for Financial Aid

Name

Mr. _____
Ms. _____
Last Name First Name Middle Initial

Home Address

Street Apt. #

City State Zip Code

Phone _____ Sex: M _____ F _____

Date of Birth _____ U.S. Citizen: Yes _____ No _____ Lancaster County Resident: Yes _____ No _____

College Attended

Name _____

Address _____
Street City State Zip Code

Major _____ Graduation Date _____

Medical School for which Applicant's Scholarship is Requested

Name _____

Address _____
Street City State Zip Code

Other Dependent Family Members In Same Household (e.g. Spouse, Children)

Name _____ Address _____

Name	Relationship	Age	Indicate School Grade, College or Other

PERSONAL REFERENCES

Name _____ Address _____

Name _____ Address _____

Other Scholarships, Grants and Loans Applied for and or received

Lancaster Medical
Society Foundation
480 New Holland Ave., Ste.8202
Lancaster, PA 17602

Please print or type

Your Income, Expense and Asset Information for the Year:

January 1, 2008 to December 31, 2008. This information should be taken from a completed tax form - filing date 4/15/08. If married, please include joint information.

- 1. Adjusted gross income \$ _____
- 2. Total U.S. income tax paid \$ _____
- 3. Non-taxable Income: Social Security Benefits, Child Support, welfare, other \$ _____
- 4. Medical/Dental expenses not paid by insurance \$ _____
- 5. Cash, savings, bonds, stocks, checking accounts, certificates of deposit, notes, etc... \$ _____
- 6. Number of exemptions \$ _____

Additional Information:

Parents' current marital status is: single _____ married _____ separated _____ divorced _____ widowed _____

Total number of family members who will be attending post-secondary school at least 1/2 time during the 2008 - 2009 school year, including applicant _____

Signatures

_____ Date Completed _____
Applicant's Signature Month Day Year

_____ Date Completed _____
Spouse's Signature (if applicable) Month Day Year

This form must be sent to the above address with a copy of your parents Income Tax Form or your own Income Tax Form for the current year or Joint Tax Form if independent from parents and married.