

**THE SEYMOUR L. KAPLAN
SCHOLARSHIP FOUNDATION**

Notice of Availability of Scholarship Funds

The Seymour L. Kaplan Scholarship Foundation Fund is pleased to invite all medical students to apply for a scholarship for the 2008-09 academic year. Two (2) \$5000 scholarships were awarded in 2007-08.

Selection will be based upon the following criteria:

Financial Need
Previous Academic Achievement
Excellence in General Citizenship
Academic Goals

Applications are available on our website: <http://cumc.columbia.edu/student/finaid>. You may pick one up, or call 305-4100 to have an application mailed if you are not currently on campus.

Completed applications can be dropped off at Black Bldg. 1-139, and we will forward them to the Foundation.

**The deadline for submission of applications is
November 21, 2008.**

APPLICATION TO THE SEYMOUR L. KAPLAN SCHOLARSHIP FOUNDATION

This form should be completed and *returned to your Financial Aid Office.*

1. Name in full _____
(please print) Last First M.I.
2. Local address _____
3. Permanent address _____
4. What undergraduate school(s) did you attend? _____
5. Age ____ Are you married? ____ Number & ages of children _____
6. Is your spouse working? ____ Occupation _____ Income \$ _____
7. **PROPOSED BUDGET AND RESOURCES FOR SCHOOL YEAR 200__ - 200__ :**
Complete this section in full.

<i>Estimated Costs for School Year</i>		<i>Estimated Resources Available to Meet Expenses</i>	
Tuition and fees	\$ _____	From savings	\$ _____
Books and supplies	\$ _____	From external Scholarships	\$ _____
Room	\$ _____	From parents	\$ _____
(Dorm ____ Other ____)		From vacation work	\$ _____
Board	\$ _____	From part-time work	\$ _____
Travel	\$ _____	From net income of spouse	\$ _____
Personal	\$ _____	From other sources, i.e., scholarships or grants <i>(Please specify on next page)</i>	\$ _____
TOTAL	\$ _____	TOTAL	\$ _____

8. List below any outstanding loans for which you have contracted for the award period:

<i>Source</i>	<i>Amount</i>	Additional sources or comments
Federal Subsidized Stafford Student Loan	\$ _____	
Federal Unsubsidized Stafford Loan	\$ _____	
Federal Perkins Loan	\$ _____	
Medical School Loans (identify):		
_____	\$ _____	
_____	\$ _____	
Other (identify):		
_____	\$ _____	
_____	\$ _____	
TOTAL	\$ _____	

9. Please indicate whether you received financial assistance other than loans during your educational career. If so, indicate the source, amount and duration.

10. Annual gross income - all sources \$ _____

Estimated bank balance at start of school year (mm/yy ___/___) \$ _____

Net federal taxable income \$ _____ Market value of securities \$ _____

Other assets - identify all sources

\$ _____

\$ _____

\$ _____

\$ _____

Tax information should correspond with most recent Federal Income Tax Return.

Please state year of return _____

11. What did you do the summer preceding the period covered by this application?

12. Describe why it is necessary for you to apply for The Seymour L. Kaplan Foundation Scholarship. Please indicate any special circumstances affecting family support.

13. Please include a brief summary of your academic goals, your extracurricular activities and other interests unrelated to your professional career.

14. If you are a medical student, please attach your current medical school transcript. If you have not yet begun medical school, please attach a transcript from each post-secondary school you have attended.

CERTIFICATIONS

I declare that the information reported on this form is true and complete to the best of my knowledge and that I will notify The Seymour L. Kaplan Scholarship Foundation of any changes that would affect the determination of need. If requested, I agree to send a copy of my latest federal income tax return obtained from the appropriate district office of the United States Internal Revenue Service.

I certify that I will use any assistance granted me for the purpose of financing my medical school education. I agree that should I terminate my education prior to completion of the requirements for the academic year, I will forfeit any further financial aid which had been agreed to and that I will be responsible for the repayment of this award on a pro-rated basis.

Date _____ Signature of Student _____

Social Security Number _____

Telephone Number(s) _____