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 2017-18 academic year. Three (3) $5,000 scholarships were awarded in 2016-17.

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 or, you can pick one up in our office.

Completed applications should be dropped off to our office, Black Bldg. 1-139.

Applications and a copy of your academic transcript should be submitted to our office no later than Friday, October 27, 2017.
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 20__ - 20__:
   Complete this section in full.

<table>
<thead>
<tr>
<th>Estimated Costs for School Year</th>
<th>Estimated Resources Available to Meet Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and fees $________</td>
<td>From savings $________</td>
</tr>
<tr>
<td>Books and supplies $________</td>
<td>From external scholarships $________</td>
</tr>
<tr>
<td>Room</td>
<td>From parents $________</td>
</tr>
<tr>
<td>(Dorm __ Other __)</td>
<td>From vacation work $________</td>
</tr>
<tr>
<td>Board</td>
<td>From part-time work $________</td>
</tr>
<tr>
<td>Travel $________</td>
<td>From net income of spouse $________</td>
</tr>
<tr>
<td>Personal $________</td>
<td>From other sources, i.e., scholarships or grants $________</td>
</tr>
<tr>
<td>(Please specify on next page)</td>
<td></td>
</tr>
<tr>
<td>TOTAL $________</td>
<td>TOTAL $________</td>
</tr>
</tbody>
</table>
8. List below any outstanding loans for which you have contracted for the award period:

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
<th>Additional sources or comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Subsidized Stafford Student Loan</td>
<td>$ ____</td>
<td></td>
</tr>
<tr>
<td>Federal Unsubsidized Stafford Loan</td>
<td>$ ____</td>
<td></td>
</tr>
<tr>
<td>Federal Perkins Loan</td>
<td>$ ____</td>
<td></td>
</tr>
<tr>
<td>Medical School Loans (identify):</td>
<td>$ ____</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$ ____</td>
<td></td>
</tr>
<tr>
<td>Other (identify):</td>
<td>$ ____</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$ ____</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>$ ____</td>
<td></td>
</tr>
</tbody>
</table>

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) ____________________________