

**FMMS SCHOLARSHIP FOUNDATION**  
**APPLICATION FOR SCHOLARSHIP**

**1. PERSONAL INFORMATION**

1. NAME: \_\_\_\_\_

2. ADDRESS: \_\_\_\_\_

3. CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_ PHONE: (    ) \_\_\_\_\_

4. BIRTH DATE \_\_\_\_\_ AGE: \_\_\_\_\_ E-MAIL \_\_\_\_\_

5. MARITAL STATUS: \_\_\_\_\_ CHILDREN \_\_\_\_ AGES \_\_\_\_\_

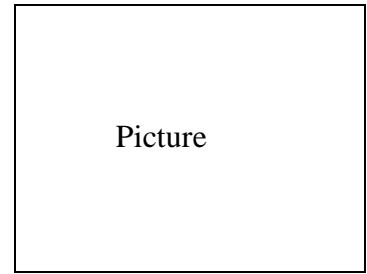
6. ***SPOUSES OCCUPATION & EMPLOYER:***

\_\_\_\_\_

7. MONTHLY GROSS: \$ \_\_\_\_\_

8. LENGTH OF RESIDENCE IN FRESNO-MADERA COUNTY \_\_\_\_\_

***LAST ADDRESS IN FRESNO-MADERA COUNTY*** \_\_\_\_\_



**2. PARENTAL INFORMATION**

FATHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_ INCOME \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_ INCOME \_\_\_\_\_

**BROTHERS & SISTERS:**

NAME	AGE	OCCUPATION
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. ACADEMIC INFORMATION**

1. SCHOOL OF MATRICULATION \_\_\_\_\_

2. WHAT YEAR OF MEDICAL SCHOOL ARE YOU ENTERING?      1    2    3    4  
***TRANSCRIPT OR RECORDS MUST ACCOMPANY APPLICATION.***    Please circle one

3. MAILING ADDRESS FOR SCHOLARSHIP \_\_\_\_\_

\_\_\_\_\_

4. AWARDS RECEIVED \_\_\_\_\_

5. COMMUNITY / SCHOOL ORGANIZATION YOU HAVE PARTICIPATED.

\_\_\_\_\_

6. OFFICES/POSITIONS HELD: \_\_\_\_\_

4. **REFERENCES**

A. LIST TWO REFERNCES, NOT RELATED TO YOU, WHO YOU HAVE KNOWN FOR AT LEAST 2 YEARS.

NAME	ADDRESS	OCCUPATION	YEARS KNOWN
NAME	ADDRESS	OCCUPATION	YEARS KNOWN

NAME	ADDRESS	OCCUPATION	YEARS KNOWN
NAME	ADDRESS	OCCUPATION	YEARS KNOWN

5. **FAMILY INFORMATION**

VALUE OF BANK ACCT	INVESTMENTS	REAL ESTATE
WHAT		
VALUE		
WHO		

6. **PERSONAL FINANCIAL INFORMATION**

1. ARE YOU EMPLOYED: \_\_\_\_\_ ? WHERE \_\_\_\_\_  
HOURS WORKED \_\_\_\_\_ MONTHLY SALARY \$ \_\_\_\_\_

2. WILL YOU BE EMPLOYED DURING THIS ACADEMIC YEAR?  
IF SO, WHERE \_\_\_\_\_ SALARY \_\_\_\_\_

3. RECEIVING FINANCIAL AID FROM PARENTS? \_\_\_\_\_ , HOW MUCH \_\_\_\_\_ ?

4. PLEASE INDICATE ALL OTHER SOURCES OF FINANCIAL AID OR INCOME. PLEASE INCLUDE OTHER SCHOLARSHIPS.

<u>TYPE</u>	<u>AMOUNT</u>	<u>DATE</u>

5. OTHERS FINANCIAL / SCHOLARSHIPS YOU HAVE APPLIED FOR BUT NOT RECEIVED.  
\_\_\_\_\_  
\_\_\_\_\_

6. DO YOU OWN AN AUTOMOBILE IF SO, WHAT KIND? \_\_\_\_\_

<u>CREDITOR</u>	<u>AMOUNT</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

7. **PROPOSED BUDGET FOR THE ACADEMIC YEAR**

COLLEGE

TUITION & \$ \_\_\_\_\_  
REQUIRED FEES \$ \_\_\_\_\_  
BOOKS & SUPPLIES \$ \_\_\_\_\_

LIVING:

LODGING \$ \_\_\_\_\_  
FOOD \$ \_\_\_\_\_  
UTILITIES \$ \_\_\_\_\_  
CLOTHING \$ \_\_\_\_\_  
PERSONAL \$ \_\_\_\_\_  
TRAVEL & AUTO \$ \_\_\_\_\_  
OTHER \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

PERSONAL ASSETS:

SAVINGS \$ \_\_\_\_\_  
BONDS \$ \_\_\_\_\_  
STOCKS \$ \_\_\_\_\_  
TRUST FUNDS \$ \_\_\_\_\_  
REAL ESTATE \$ \_\_\_\_\_  
CHECKING \$ \_\_\_\_\_  
SPOUSE EARNING \$ \_\_\_\_\_  
FINANCIAL AID \$ \_\_\_\_\_  
PARENTAL AID \$ \_\_\_\_\_  
OTHER INCOME \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

DESCRIBE BELOW ANY OTHER PERTINENT INFORMATION THAT WOULD BE HELPFUL IN ASSESSING YOUR FINANCIAL NEED FOR THIS SCHOLARSHIP.

\_\_\_\_\_  
\_\_\_\_\_

8. **CERTIFICATION**

1. The information supplied on this application is correct to the best of my knowledge.
2. Any false statements will invalidate my application and may cause for legal action to recover any monies granted pursuant to this application.
3. I understand and agree to be bound by the following restrictions imposed by the FMMS Foundation.
  1. Terms of payment
  2. Other
4. I understand that submission of this application does not entitle me to any grant unless I receive notification of selections, and that if I am selected for a grant, the FMMS Foundation has no liability, obligation or guarantee to me other than as set forth in the terms of said grant.
5. I understand that if I am a recipient of a grant pursuant to this application, there is no legal obligation on my part (unless specified above) to repay the grant. However, since I also understand that the purpose of the FMMS Foundation is to provide a perpetual revolving fund, I further recognize that as a beneficiary of the fund I would have a strong and clear moral obligation to contribute to the replenishment and maintenance of the foundation funds when I am financially able to do so, in order that other worthy and needy students may be similarly assisted.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant