

APPLICATION TO THE JOSEPH COLLINS FOUNDATION

1. YOUR BACKGROUND

NAME AND ADDRESS OF APPLICANT

:
:
:
: PLEASE ATTACH A SMALL
: PHOTOGRAPH OF YOURSELF
:
:
:
:
:
:
:

HIGH SCHOOL, YEAR OF GRADUATION

COLLEGE DEGREE YEAR CLASS STANDING GRADE AVERAGE

EXTRA CURRICULAR ACTIVITIES; VOLUNTEER WORK

MEDICAL SCHOOL

PRESENT YEAR OF STUDY

EXTRA CURRICULAR ACTIVITIES, VOLUNTEER WORK

EXPECTED AREA OF MEDICAL PRACTICE, IF DETERMINED

2. YOUR PARENTS' BACKGROUND; INCOME AND DEPENDENTS

FATHER'S NAME AND ADDRESS

MOTHER'S NAME AND ADDRESS

FATHER'S OCCUPATION

MOTHER'S OCCUPATION

FATHER'S INCOME IN LAST YEAR

MOTHER'S INCOME LAST YEAR

536373.6

THEIR DEPENDENTS AND THEIR AGES

EXPECTED CHANGES IN YOUR PARENTS' INCOME

3. YOUR SPOUSE'S BACKGROUND; INCOME AND DEPENDENTS (IF APPLICABLE)

SPOUSE'S NAME AND ADDRESS

SPOUSE'S OCCUPATION

SPOUSE'S INCOME IN LAST YEAR

SPOUSE'S DEPENDENTS AND THEIR AGES

EXPECTED CHANGES IN SPOUSE'S INCOME

**4. YOUR SOURCES OF RECEIVED OR EXPECTED INCOME, GIFTS SCHOLARSHIPS, LOANS, ETC.
TO SUSTAIN YOU DURING MEDICAL SCHOOL**

1ST YEAR

2ND YEAR

3RD YEAR

4TH YEAR

PARENTS' CONTRIBUTIONS

SPOUSE'S CONTRIBUTIONS

SCHOLARSHIPS

LOANS

EARNINGS DURING PAST YEAR

OTHER SOURCES OF ASSETS OR INCOME

TOTALS

5. YOUR DEBTS

AFTER COMPLETION OF COLLEGE \$

AFTER COMPLETION OF MEDICAL SCHOOL (INCURRED AND ESTIMATED)

1ST YEAR + 2ND YEAR + 3RD YEAR + 4TH YEAR = \$

TOTAL DEBT DUE TO COLLEGE AND MEDICAL SCHOOL _____ \$

PLEASE INDICATE WHETHER YOUR DEBTS SET FORTH HEREIN ARE FROM UNRELATED THIRD PARTY LOANS OR FROM RELATED PARTY LOANS. IF RELATED PARTY LOANS, PLEASE SPECIFY.

6. YOUR INTEREST IN THE ARTS

STATE YOUR PAST ACTIVITIES IN LITERATURE, MUSIC, OPERA, PAINTING, SCULPTURE, BALLET, DANCE OR DRAMA, IF NOT LISTED UNDER YOUR EXTRA CURRICULAR ACTIVITIES.

7. CERTIFICATION:

I CERTIFY THE FOREGOING INFORMATION TO BE TRUE AND ACCURATE. I AUTHORIZE THE TRUSTEES OF JOSEPH COLLINS FOUNDATION TO MAKE INQUIRIES CONCERNING ME OF ANY PERSON MENTIONED HEREIN, OF MY COLLEGE AND OF MY MEDICAL SCHOOL.

DATE: _____

SIGNATURE

8. ATTACHMENTS:

YOU MUST ATTACH:

A BRIEF AUTOBIOGRAPHY, WHICH SHOULD INCLUDE YOUR HOME ENVIRONMENT, SOCIAL AND EMOTIONAL ADJUSTMENTS, CULTURAL INTERESTS AND FUTURE OBJECTIVES; STATE WHAT MOTIVATES YOU TO STUDY MEDICINE;

A LETTER OF RECOMMENDATION FROM ONE OF YOUR PROFESSORS;

YOUR COLLEGE TRANSCRIPTS;

YOUR MEDICAL SCHOOL TRANSCRIPTS; AND

YOUR PHOTOGRAPH.

9. MAILING

THE COMPLETED APPLICATION SIGNED BY THE STUDENT, TOGETHER WITH THE RECOMMENDATION OF THE FINANCIAL AID OFFICER OR THE PERSON IN CHARGE OF STUDENT AFFAIRS, MUST BE MAILED BY THE SCHOOL ADDRESSED AS FOLLOWS:

JOSEPH COLLINS FOUNDATION
C/O WILLKIE FARR & GALLAGHER LLP
787 SEVENTH AVENUE
NEW YORK, NEW YORK 10019-6099
ATTENTION: ELIZABETH BUCKLEY LEWIS,
SECRETARY-TREASURER