

**JOANNA F. REED MEDICAL SCHOLARSHIP**  
**APPLICATION FORM FOR ACADEMIC YEAR 2018-2019**

**Renewal** \_\_\_\_\_

**First Time** \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Permanent Address \_\_\_\_\_

County of Residence \_\_\_\_\_ Phone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ Email address \_\_\_\_\_

FATHER: living ( ) deceased ( )

MOTHER: living ( ) deceased ( )

SPOUSE:

Name \_\_\_\_\_

Occupation \_\_\_\_\_

State of Residence \_\_\_\_\_

Student's Dependents (names & ages) \_\_\_\_\_

Secondary School Attended \_\_\_\_\_ Year of Graduation \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

List all undergraduate colleges you have attended (in chronological order)

Institution	City & State	Dates	Major	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all graduate or professional schools attended, including medical school.  
(First year medical students must provide a copy of acceptance letter.)

Institution	City & State	Dates	Major	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

In what extracurricular, community and/or vocational activities have you participated while in school or subsequently? Please include any office held or awards you may have received \_\_\_\_\_

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

If you have been employed during the regular school year, specify what type of work and approximately how many hours per week. Currently \_\_\_\_\_

Previously \_\_\_\_\_

How have you spent your summers during college? \_\_\_\_\_

If your education has not been continuous, please indicate what you have done while not in school:

Have you ever been required to leave any school, or denied readmission, for any reason? \_\_\_\_\_

If yes, explain fully. \_\_\_\_\_

If you have had any military service, complete the following:

Branch of service

Highest Rank

Entry Date

Discharge Date

\_\_\_\_\_ Applying for medical scholarship—please attach an official transcript from all undergraduate colleges and all professional schools attended. MCAT score \_\_\_\_\_

\_\_\_\_\_ Applying for undergraduate scholarship—please attach an official transcript from all secondary schools and all undergraduate colleges attended. ACT score \_\_\_\_\_ SAT score \_\_\_\_\_

Please have two of your former academic instructors provide a letter of recommendation addressing your past academic and extracurricular achievements and your potential for a career in the medical profession. Enclose these letters with your application and transcript(s).

### INSTRUCTIONS FOR FILING THIS APPLICATION

- Answer all questions on the application
- Sign and date the application
- Send the application, along with requested documentation and attachments, to the address below

**Joanna F. Reed Medical Scholarship Trust**  
**Attention: Hillaria Commander**  
**Post Office Box 469**  
**Brewton, Alabama 36427**

*Should the selection committee desire to conduct an interview, in person or by phone, you will be given advance notice*

I certify that the information submitted on this application is complete and correct to the best of my knowledge.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**The deadline for receipt of completed applications and all requested documentation is June 8, 2018.**

## INFORMATION FROM INCOME TAX RETURNS

(The following information is required of all applicants and their parents)

A U.S. Income Tax return has been filed, or will be filed, for 2017 YES \_\_\_ NO \_\_\_

	Parent(s)	Student & Spouse
Total number of exemptions claimed (Form 1040, line 6d or 1040A, line 6d).	_____	_____
Adjusted gross income (Form 1040, line 37 or 1040A, line 21)	_____	_____
Total itemized deductions (Form 1040, Schedule A, line 27)	_____	_____
Non-taxable income:		
(a) Social Security benefits	_____	_____
(b) Other (child support, welfare, etc.)	_____	_____
Medical & dental expenses not covered by insurance	_____	_____
Expected gross income on next return	_____	_____
Expected non-taxable income on next return:		
(a) Social Security benefits	_____	_____
(b) Other (child support, welfare, etc.)	_____	_____
Other financial aid requested by applicant (sources and amounts)	_____	_____
Anticipated _____ Received _____		

## ASSET INFORMATION

	Parents		Student & Spouse	
	What is its worth?	What is owed on it?	What is its worth?	What is owed on it?
Cash, savings accounts, checking accounts	_____	_____	_____	_____
Home	_____	_____	_____	_____
Other real estate/investments	_____	_____	_____	_____
Business/Farm	_____	_____	_____	_____
Other assets	_____	_____	_____	_____