



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**

1<sup>ST</sup> YEAR

2<sup>ND</sup> YEAR

3<sup>RD</sup> YEAR

4<sup>TH</sup> 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)

1<sup>ST</sup> YEAR + 2<sup>ND</sup> YEAR + 3<sup>RD</sup> YEAR + 4<sup>TH</sup> YEAR = \$

TOTAL DEBT DUE TO COLLEGE AND MEDICAL SCHOOL \_\_\_\_\_ \$

**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.