

**ASPEN VALLEY HOSPITAL MEDICAL STAFF
Medical School Scholarship 2010**

Expense/Income Worksheet

Expenses/Income related to application request

Projected Expenses for the Coming Academic Year

Single Semester Tuition/Course Fee \$ _____
 Books/Materials \$ _____
 Spouse's/Dependent's Tuition \$ _____
 Other _____ \$ _____
 Other _____ \$ _____
 Other _____ \$ _____
 Other _____ \$ _____

Total Expenses: \$ _____

Financial Resources/Net Income

Student's Wages, Tips, etc. \$ _____
 Spouse's Wages, Tips, etc. \$ _____
 Other Income \$ _____
 Financial Assistance:
 Parents' Contribution \$ _____
 Grants/Scholarships* \$ _____
 Loans* \$ _____
 VA/GI Benefits \$ _____
 Social Security Benefits \$ _____
 Other \$ _____
 Other \$ _____

Total Resources \$ _____

Presently: Rents Owns Home Lives w/Parents in Dorm

*List all grants/scholarships/loans you have applied for and/or received and dollar amounts of each for previous and current medical school years:

Number of school age dependents _____

Are you currently serving in the Military? No Yes Indicate Branch _____

Are there other family members attending college? No Yes

I attest to the truth and accuracy of the above statements and acknowledge that any misrepresentations will be automatic grounds for dismissal from consideration of this and any future scholarships from AVH and immediate repayment of any monies received based upon inaccurate information.

Signature: _____

Date: _____