

**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: _____