

**UNIVERSITY OF CHICAGO
PRITZKER SCHOOL OF MEDICINE**

2007-2008 BACKGROUND INFORMATION SHEET

**Financial Aid
Office of Medical Education**
924 E. 57th Street, Suite 104W
Chicago, IL 60637-5416
(773) 702-1938
pritzkerfa@bsd.uchicago.edu

This information will be used in allocating loans and scholarships which require certain attributes for eligibility. The Development Office may also use it in their efforts to obtain renewed or additional funding for our financial aid programs. The more you tell about yourself, the easier it is for us to match your qualifications with scholarship criteria.

Continuing students - If you want to be considered for Pritzker Scholarships and Loans, you must complete this form each year.

Name: _____ Anticipated Graduate Date: _____

Home County: _____ County and State of Birth: _____

Indicate the environment in which you were raised: ___urban ___ inner city ___ suburban ___ small town
___rural ___other _____

Undergraduate School Attended: _____ Major: _____

Degree Received: _____ Year of Graduation: _____

Graduate School(besides Pritzker) Attended: _____ Field: _____

Name of Specialty Being Considered: 1) _____ 2) _____ 3) _____

Medical Specialty Being Considered: Primary care: ___Yes ___ No Advanced Specialties: ___ Yes ___ No

Upon completion of residency, would you be willing to serve in an underserved or rural area? ___ Yes ___ No

Do you have a preference as to the geographic area in which you will practice medicine? ___ Yes ___ No
If yes, please specify:

Nationalities from which you derive some heritage: (Greatest degree to least)

1) _____ 2) _____ 3) _____

Religious Affiliation: Yours: _____ Parents: _____

Group Affiliations:

Yours: _____ Parents: _____

Are your parents deceased? ___One ___ Both Are/were either of your parents U.S. Veterans? ___Yes ___No

Were either of your parents killed in military action? ___ Yes ___No

What branch of service? _____

Your Employment: (most recent first)

Company: _____ City: _____ State: _____

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