

**Second Look Financial Assistance Application Form**

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<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	
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<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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<b>Email Address</b>	<b>Phone Number</b>
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<b>University/School</b>	<b>AAMC ID</b>
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**The following questions are necessary to determine eligibility for financial assistance. Answers will be kept confidential. Total assistance provided will be determined after assessing all applicants' needs.**

**Disadvantaged Background**

1. Have you been impacted by socioeconomic challenges which have directly disadvantaged your ability to develop a career in medicine? This may include, but is not limited to, homelessness, poverty, or immigration.

No    Yes    Prefer not to say

If yes, please explain:

2. Are you the first generation in your family to attend college?

No    Yes    Prefer not to say

**By completing and submitting this application, I agree that:**

- All the above information is correct, to the best of my ability

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**Applicant's Signature****Date**