

# QUESTIONNAIRE

## Medical, Dental, and Optometry Students

**This form must be completed if you wish to apply for the Primary Care Loan or Disadvantaged Loans or Scholarships.**

1. Have you ever participated in a Governmental Disadvantaged Student Program (i.e., Exceptional Financial Need Program: "EFN," Health Career Opportunity Program: "HCOP," and etc.)? If so, in which program did you participate? \_\_\_\_\_

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2. What high school, what state, and what county did you attend? \_\_\_\_\_

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3. Are you a first generation college graduate in your family? \_\_\_\_\_ YES

4. Are you from a single parent home? \_\_\_\_\_ YES

5. Are you a ward of the court or an orphan? \_\_\_\_\_ YES

6. Are you from a rural area or an inner city area? \_\_\_\_\_ YES

7. Did you not receive a high school diploma, but did receive a GED? \_\_\_\_\_ YES

7. Are you an underrepresented minority? \_\_\_\_\_ YES \_\_\_\_\_  
specify minority

9. Were you recycled in your first two years? \_\_\_\_\_ YES

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Social Security Number

1 2 3 4  
\_\_\_\_\_  
**Rising Year in school (Circle One)**

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Medical Dental Optometry  
**Circle School**