

9. List below (inverse chronological order) all colleges and universities attended.

Name of School	Dates attended	Address –City, State	credit hours earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. High School attended and graduation date:

Name of School	date	City / State
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11. List below employment history.

Employer	Location	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Are you self-supporting? No In Part Entirely

13. Are you claimed as a dependent by spouse or parents for State and/or Federal income tax purposes? Yes No

14. Do you claim residence in another state (other than Arkansas) for any purpose? Yes No

15. If the answer to #14 is “Yes” name the state _____ and check purpose of the claim:
Application to other colleges _____ Voting purposes _____ AMCAS _____ (this applies to medicine applicants only) Other _____ (explain on page 4).

16. Do you own an automobile? Yes No

a. If the answer to #16 is “Yes” name the state of registration: _____

17. Do you have a current Arkansas driver’s license? Yes No

18. If you are employed, are you paying Arkansas income taxes? Yes No

19. If you are a student in a non-Arkansas state-supported institution of higher learning, are you currently paying non-resident tuition rates? Yes No

20. Are you receiving or do you plan in the future to receive any financial assistance from any state (other than Arkansas) while a UAMS student? Yes No

PARENTS:

21. Married Divorced Separated Single Deceased

Father

Mother

22. Name _____ Maiden Name _____
Present Address _____ Present Address _____
City/State _____ City/State _____

23. Are your parents currently residents of Arkansas? Yes No

If so, how long have they been Arkansas residents? _____

a. Present Employer _____ b. Present Employer _____

_____ Address _____ Address _____

24. If in military service, which state is claimed as permanent residence? _____

SIGNATURE: In appending my signature I affirm that the information given is complete and accurate.

Signature _____ Date _____

NOTE: This form should be submitted at your earliest convenience in order to receive consideration for the next academic year to:

**University of Arkansas for Medical Sciences
Attn: Vice Chancellor for Academic Affairs
4301 West Markham Street, Slot 541
Little Rock, Arkansas 72205-7199**

