

UNIVERSITY OF PIKEVILLE

KENTUCKY COLLEGE OF OSTEOPATHIC MEDICINE

Scholarships for Disadvantage Students (SDS) Application

Deadline to apply is July 3, 2023, at 5 p.m. Only completed application packets will be reviewed.

Part I: Student Information

Date: _____ Student ID: _____

Name: _____
Last First Middle Initial Maiden Preferred Name

Permanent Address: _____
(P.O. Box or street address where you receive your mail) City State ZIP County

Home Phone: (____) _____ Cell Phone: (____) _____

Birth Date: _____ Sex: Male Female

Ethnic Background: Hispanic White, Non-Hispanic Black, Non-Hispanic Asian or Pacific Islander
 American Indian or Alaskan Native Other

Marital status: Married Single Divorced Separated

Name of High School Graduated From (or last attended): _____

High School Address: _____
City State ZIP County

Academic Year Status (2023-2024) First Year Second Year Third Year Fourth Year

Part II: Student Certification

I certify that I meet the student eligibility requirements as follows:

_____ I have completed the 2023-2024 FAFSA. If I am considered dependent for the purpose of the SDS program, I have included parental income on the 2023-2024 FAFSA. If I am considered independent, I have listed my income (if married, I have included my spouse's income).

_____ I have provided proof of dependency/independence for the purpose of this scholarship fund. The parental income will be used in all cases except where the student is considered independent by being at least 24-years-old and has not been listed as a dependent on his or her parents' income tax for three or more years. In those cases, the student's family income will be used instead of parental family income. A signed copy of the last three years of federal income tax documents or proof of non-filing status must be provided.

_____ I am a U.S. citizen or eligible non-citizen. When applicable, I have provided proof of U.S. citizenship.

_____ I am or will be enrolled full-time at KYCOM.

_____ I have completed the SDS Status Worksheet.

_____ I have met the requirements for educationally/environmentally disadvantaged, or I am economically disadvantaged, according to the SDS Status Worksheet. I have also provided the appropriate documentation, such as my parental tax information.

_____ I have provided proof of my age, driver's license or birth certificate.

_____ If awarded, I agree to remain in full-time status, maintain good academic standing and only use the funds for tuition or educationally related expenses. I agree that if I do not comply, I will reimburse the University of Pikeville the total scholarship award amount.

_____ I have included a statement (one-third to half-page) explaining all of my financial resources for the 2023-2024 academic year and why I have a severe financial need for the SDS funding.

I certify that this application is correct and true to the best of my knowledge and belief.

Signature: _____ Date: _____

The University of Pikeville is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associate, baccalaureate, masters and doctoral degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, GA 30033-4097 or call 404-679-4500 for questions about the accreditation of the University of Pikeville. It is the policy of the University of Pikeville that no student shall be excluded from participating in, be denied the benefits of, or be subjected to discrimination in any program sponsored by the university because of age, race, color, creed, religion, handicap, sexual orientation or national origin. *EOE

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