

**LECOM EXCEPTIONAL FINANCIAL NEED  
SCHOLARSHIP APPLICATION**  
**LECOM College of Medicine**  
**LECOM School of Pharmacy**

(Please type or print clearly)

Campus: PA \_\_\_\_ FL \_\_\_\_ SH \_\_\_\_ Grad Year \_\_\_\_\_ Medicine \_\_\_\_ Pharmacy \_\_\_\_

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone: \_\_\_\_\_

Marital Status: \_\_\_\_ Single \_\_\_\_ Married Number of Dependents: \_\_\_\_\_

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**Organization/Club Memberships:** \_\_\_\_\_

\_\_\_\_\_

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**Professional Commitment:**

Please attach a brief one-page essay describing your commitment to Osteopathic Medicine or Pharmacy and /or to LECOM and the community. Attach a list of your service and volunteer activities.

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**Parents' Information:**

Parents' Marital Status: \_\_\_\_ Single \_\_\_\_ Married/Remarried \_\_\_\_ Divorced/Separated \_\_\_\_ Widowed

Number of Dependents (not including LECOM student): \_\_\_\_\_

Father's Age: \_\_\_\_\_ Mother's Age: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_