



Weill Cornell Medicine

Student Bio Form

2017-2018

This form is to be filled out by currently matriculated Weill Cornell Medicine students, who have qualified for need based financial aid. This is neither an application to the Medical School nor an application for financial aid. The information will be used to evaluate financial aid awards and for student biographical reports sent to donors that support our scholarship program.

Please print clearly. Indicate N/A on items that do not apply.

NAME: _____
LAST NAME
FIRST NAME
MIDDLE INITIAL

PRIMARY EMAIL: _____ CWID: _____

GENDER: FEMALE MALE Class of: 20_____

HOMETOWN: _____

EDUCATION

UNDERGRADUATE:

SCHOOL NAME: _____

MAJOR: _____ DEGREE: _____ YEAR: _____

POSTGRADUATE:

SCHOOL NAME: _____

MAJOR: _____ DEGREE: _____ YEAR: _____

CAREER GOALS

BRIEF SUMMARY:

Please indicate related field(s)/specialty of interest as career options in order of preference:

1. _____
2. _____
3. _____
4. _____

COMMUNITY SERVICE

UNDERGRADUATE

POSTGRADUATE

MEDICAL SCHOOL

OTHER

RESEARCH EXPERIENCE

UNDERGRADUATE

POSTGRADUATE

MEDICAL SCHOOL

ACADEMIC PUBLISHING

AWARDS & HONORS

UNDERGRADUATE

POSTGRADUATE

MEDICAL SCHOOL

ADDITIONAL INFORMATION

TRAVELS

STUDY ABROAD

EXTRACURRICULAR ACTIVITIES

CREATIVE INTERESTS

OTHER

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