DIMER PROGRAM

SUPPLEMENTARY APPLICATION FOR JEFFERSON MEDICAL COLLEGE

Name:_____
last first middle

Permanent Address: _____
street city state zip code

Parent, Guardian or Spouse, if Married:

Name:_____
last first middle

Permanent Address: _____
street city state zip code

STATEMENT OF RESIDENCY - MUST BE COMPLETED

1. Name and relationship of person who contributes to my support and is entitled to claim me as an exemption on federal income tax:

   Name: _____ Relationship: _____

STATEMENTS 2 AND 3 MUST BE COMPLETED BY THE PERSON LISTED IN STATEMENT 1. IF THE APPLICANT IS FINANCIALLY INDEPENDENT, THEN THE APPLICANT SHOULD ANSWER.

2. I have maintained a domicile and continuous residence in Delaware from _____ to _____.
   month/day/year month/day/year

3. The latest year for which I have filed a Delaware State Income Tax return is _____.

   Type of return filed: ____ Resident ____ Nonresident

   I plan to file a return for the current year: ____ Yes ____ No

   I am a registered voter in the state of: _____

   I am employed in the state of: _____

   I certify that this residence status information is correct.
   (To be signed by the person completing statements 2 through 3.)

   Signature: _____ Date: _____

UNDERGRADUATE COLLEGE

Name of College: _____ Location: _____

I hereby make application for acceptance to the Jefferson-Delaware Medical Education Program. I am a bona fide resident of the State of Delaware.

I certify that the information submitted in this application is complete and correct to the best of my knowledge.

Signature of Applicant: _____ Date: _____

6/98
6/00