



College of  
Osteopathic  
Medicine

**TITLE VII SUPPLEMENTAL DATA REQUEST FORM**

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Name of high school \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

- Which best describes the type of community in which you grew up?
  - City—population more than 100,000
  - Inner City—central part of the city densely populated and lower income
  - Suburban—residential area adjacent to a city
  - Town—population 50,000 to 100,000
  - Rural—county and/or farming area
  
- Were you raised in a single-parent household?  Yes  No  
If yes, for how many years? \_\_\_\_\_
  
- Are you a first generation college graduate?  Yes  No
  
- Did you live in federally subsidized housing while attending elementary/secondary school?  Yes  No
  
- Did you receive federally subsidized school lunches while in elementary/secondary school?  Yes  No
  
- Check those that may apply:
  - My parents are beneficiaries of public assistance. Which program? \_\_\_\_\_
  - Both my parents are deceased. List your age at the time(s) of your father's and/or mother's death:  
Father \_\_\_\_\_ Mother \_\_\_\_\_
  - I come from a health profession shortage area or medically under served community.

**Please provide a short response to the following questions.**

Do you consider yourself to have been financially disadvantaged while growing up?  Yes  No

If yes, please explain.

Do you consider yourself to have been educationally disadvantaged while growing up?  Yes  No

If yes, please explain.