

# Applicant's Demographic Form

Name of Applicant

Do you have a disability that substantially limits one or more major life activities? Check yes or no:

Yes

No

Disadvantaged Background (select all that apply)

Was or currently am homeless, as defined by the McKinney-Vento Homeless Assistance Act

Grew up in a) a U.S. rural area, as designated by the Health Resources and Services Administration (HRSA) Rural Health Grants Eligibility Analyzer, or b) a Centers for Medicare and Medicaid Services-designated Low-Income and Health Professional Shortage Areas

Was in the foster care system, as defined by the Administration for Children and Families

Was eligible for the Federal Free and Reduced Lunch Program for two or more years

Have/had no parents or legal guardians who completed a bachelor's degree

Was eligible for Federal Pell grants

Receive(d) support from the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) as a parent or child

Attended historically black colleges and universities and other minority-serving institutions

Graduated from rural high schools, high-poverty, or low-performing high schools (according to the Department of Education, low-performing schools are defined as those that rank in the bottom 10% of their respective state)