

The Glens Falls Foundation
Pesquera Scholarship Fund
Grant Application 2011

The Pesquera Scholarship Fund awards grants to second, third and fourth year medical school students. The deadline for applying and receipt of supporting documentation is June 24th. Submit the application and all supporting documentation to Chairperson, Pesquera Medical Scholarship Committee by email at administrator@glensfallsfoundation.org or by mail to Glens Falls Foundation, 237 Glen Street, Glens Falls, N.Y. 12801.

The Student Must Apply Each Year and the Application is to include:

1. Your official medical school transcript sent electronically or in a sealed envelope directly from your medical school;
2. A brief personal statement describing your academic and occupational goals, interests, and activities;
3. Names, phone numbers, and email addresses of two personal references (other than family) whom we may contact in regard to character, motivation and potential;
4. This 3-page application, completed and signed.

Personal Information

Date: _____

Full Name: _____

Permanent Address: _____

Email Address: _____ Telephone No: _____

Cell phone No.: _____ Marital Status: _____

Father's Name: _____

Occupation: _____ Employer: _____

Mother's Name: _____

Occupation: _____ Employer: _____

Parents' phone No. _____

Spouse's Name: _____

Occupation: _____ Employer: _____

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List the secondary schools and colleges you have attended, dates of attendance, diplomas received:

Name of Medical School you are attending and dates of attendance:

If you are working part-time, state your job and the hours per week:

List any employment you may have had for the last two years, including employer and dates: _____

Expenses and Resources

Medical School Expenses

Applicant's Financial Resources

Tuition & Fees _____

Savings _____

Books & Supplies _____

Earnings _____

Room & Board _____

Parents _____

Personal Expenses _____

Spouse _____

Transportation _____

Loans _____

Scholarships _____

Total _____

Total _____

Financial Assistance Needed: _____

List other scholarships received or for which you have applied, and state dollar amount, if known:

Signature