

The Glens Falls Foundation Pesquera Scholarship Fund Grant Application

The Pesquera Scholarship Fund awards grants to first, second, third and fourth year medical school students. The deadline for applying and receipt of supporting documentation is the fourth Friday of June. 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, P.O. Box 4560, Queensbury, NY 12804

Students Must Apply Each Year as Follows:

1. First year students must submit documentation that they will be attending medical school. All other applicants must submit their official medical school transcript sent electronically or in a sealed envelope directly from the medical school;
2. All applicants must submit this 3-page application, completed and signed;
3. First-time applicants must submit a brief paragraph stating the area(s) of medicine that interest them and their career goals. They must also submit the 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. Re-applicants must submit a brief paragraph updating the area(s) of medicine that interest them and career goals. They do not need to submit references.

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

Tuition & Fees _____

Books & Supplies _____

Room & Board _____

Personal Expenses _____

Transportation _____

Total _____

Applicant's Financial Resources

Savings _____

Earnings _____

Parents _____

Spouse _____

Loans _____

Scholarships _____

Total _____

Financial Assistance Needed: _____

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

Signature
