



Dr. Joseph Kraut, Jr. Memorial Medical School Scholarship

Application Form

Name: _____

Address: _____ City: _____

Zip Code: _____ Cell Phone: _____

Email: _____

High School: _____ Date of Graduation: _____

Undergraduate College: _____ Date of Graduation: _____

Medical School: _____ Student ID# _____

Career Goals:

Please attach an essay between 700-1000 words describing why you want a career in Primary Care as well as your passion for medicine and helping those in need.

This scholarship is designed to assist the individual who demonstrates either a personal hardship or financial burden that may be standing in the way to achieve their goals. The Scholarship Committee is dedicated to fulfilling Dr. Kraut's dream to help bring dedicated and driven doctors where needed. Special consideration will be given to applicants that plan to serve in the South Santa Clara County and San Benito County communities.

Academics

Academic honors, awards and achievements: _____

Financial Information

How will you finance your medical school expenses? _____

How much financial aid will you need? _____

What other financial aid money are you seeking?

Employment History (5 years): list employer, type of work, length of service _____

The information contained in this scholarship application is true and correct to the best of my knowledge.

Signature: _____ Date: _____

The application must be submitted via email by **April 30, 2022**, to dpray@gilroyfoundation.org

Gilroy Foundation

P.O. Box 774

Gilroy, CA 95020

408.842.3727

www.gilroyfoundation.org