



## **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: \_\_\_\_\_

Gilroy Foundation  
director@gilroyfoundation.org  
P.O. Box 774  
Gilroy, CA 95020  
408.842.3727  
[www.gilroyfoundation.org](http://www.gilroyfoundation.org)