

**Washington Hospital Healthcare Foundation  
Franco Beretta, M.D. Memorial Scholarship Application**

A scholarship in loving memory of Franco Beretta, M.D. in the amount of \$2,500 is awarded to college students who are pursuing a medical degree. Applicants must have been accepted to an accredited U.S. Medical School and meet the criteria outlined for participation. Deadline for submitting applications with all required information is Friday, May 15, 2009 at 4 P.M. Pacific Standard Time.

All information submitted in this application is *confidential*. Please print or type. If you need additional space, please type or write on plain white 8-1/2 x 11" paper and attach to this application.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Circle one: Mr. Mrs. Ms. Miss)

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_

Have you been accepted to Medical School? If not, what is the expected acceptance date?

Yes                       No                      Expected date of acceptance: \_\_\_\_\_

Name and address of Medical School: \_\_\_\_\_

If currently in Medical School, which is your most recently completed year?

1<sup>st</sup> year                       2<sup>nd</sup> year                       3<sup>rd</sup> year                       4<sup>th</sup> year

Date or expected date of graduation from Medical School: \_\_\_\_\_

What will be your area of expertise? \_\_\_\_\_

List your past three years of employment (*if applicable*):

<u>Employer</u>	<u>Position</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any community service you performed during high school or college (*please note dates performed*) and/or list any previous awards, prizes or honors received in high school or college: \_\_\_\_\_

\_\_\_\_\_

Please indicate briefly why you wish to become a physician: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OVER →**

Write an essay (*minimum 400 words*) describing, in your view, what qualities make a good physician and how you embody these same qualities (*use extra paper, if needed*):

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\_\_\_\_\_  
(Date signed)

\_\_\_\_\_  
(Signature of Applicant)

Please submit the following:

- Completed application.
- Three (3) letters of recommendation from:
  - Personal friend/colleague.
  - College instructor.
  - Employer or other source familiar with applicant's work habits
- An essay (*minimum 400 words*) describing the qualities applicant feels are necessary to be a good physician and explaining how the applicant embodies those qualities.
- Proof of residence, former residence, or significant ties to Washington Township Health Care District.

Please return this application and enclosures by mail or hand deliver to the following address:

Washington Hospital Healthcare Foundation  
2000 Mowry Avenue  
Fremont, CA 94538

Applications must be received by the Washington Hospital Healthcare Foundation before Friday, May 15, 2009 at 4:00 P.M. Pacific Standard Time.

If you have any questions, please call the Foundation Dept. at (510) 791-3428 or by e-mail at [foundation@whhs.com](mailto:foundation@whhs.com). Applicants will be notified if a personal interview is required.

**\* Please consider my application for the following scholarship (mark one or both):**

- Steven P. Mitchell, M.D. Memorial Scholarship
- Franco Beretta, M.D. Memorial Scholarship

The award is based on merit rather than financial need and may be renewed. This scholarship is given without discrimination with regard to age, sex, race, religion or national origin.

**Note: If you are applying for both Scholarships, please complete page one of both applications.**