

**Washington Hospital Healthcare Foundation  
Steven P. Mitchell, M.D. Memorial Scholarship Application**

A scholarship in loving memory of Steven P. Mitchell, M.D. in the amount of \$2,500.00 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 4:00 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

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

**Washington Hospital Healthcare Foundation  
Steven P. Mitchell, M.D. Memorial Scholarship**

*“Devoted husband and father, dedicated physician, inspirational colleague and friend, leader and motivator, world class traveler, art aficionado, stamp collector, musician, sports enthusiast, outdoorsman, indomitable spirit and sense of humor.”*

These are the words that Steven Mitchell’s friends use to describe a man who brought honor and credit to himself, his family, his partners and his profession. And these are the words that describe an individual worthy of recognition.

The Steven P. Mitchell, M.D. Memorial Scholarship was established in 1994 by Dr. Mitchell’s partners and colleagues. Dr. Mitchell practiced diagnostic radiology at Washington Hospital in Fremont, California where he was a partner in the Washington Radiologist Medical Group, Inc. Born on February 17, 1943 in Palo Alto, California, he was educated in the Palo Alto public school system. He received an AB degree (biologic sciences) from Stanford University in 1965, and an MS degree (physiology) from the University of California, Los Angeles in 1969. In 1972, he received his M.D. degree from UCLA. After serving a radiology residency at UCLA, he remained there for a fellowship in body imaging, with special expertise in computed tomography and ultrasonography. He practiced diagnostic radiology until illness forced his retirement in late 1992. He died on March 24, 1993.

Dr. Mitchell was devoted to the practice of radiology. He was truly an inspirational colleague and easily earned the respect and esteem of his professional associates and patients. In addition to his passion for medicine and radiology, he pursued a broad variety of interests. He was a loving and devoted husband, father and son. The scholarship is awarded to a medical student who demonstrates the potential to emulate those qualities which enabled Dr. Mitchell to be such a special person and physician. 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.

The criteria for candidates for the \$2,000.00 scholarship are as follows:

- Must be currently enrolled in or have been accepted to an accredited Medical School in the United States. Proof of enrollment (transcripts, letters, etc.) or proof of acceptance should accompany the application together with the student’s intent letter to attend the school.
- Must be a resident or former resident of Washington Township Health Care District (Fremont, Union City, Newark or South Hayward, California), or must have significant ties to the district.
- Must be pursuing a medical degree (irregardless of medical specialty) with intent to practice medicine upon completion of studies.
- Must demonstrate a record of community service (high school or college years) and other activities indicating a well-rounded individual.
- Must demonstrate a high degree of character, strong values, medical ethics and an appreciation of mankind and its culture.

To be considered for this award, applicants must submit the following information by Friday, May 15, 2009 at 4:00 P.M. Pacific Standard Time. Applicants will be notified if a personal interview is required.

- 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.