

THE DOUGLAS GALLACHER M.D. MEMORIAL SCHOLARSHIP - 2022

The Washington Hospital Healthcare Foundation is the administrator of the Douglas Gallacher, M.D. Memorial Scholarship, which is awarded to a student who is pursuing higher education in a science-related field. The right candidate is:

- A high school senior in the Tri-City Area
- A resident in the Tri-City Area
- Plans to attend a community college or university for a degree in science-related field

If awarded, the scholarship of \$1,000 must be used at an accredited college or university. No more than 20 applications will be accepted. The scholarship is not renewable.

Requirements

- Completed application form
- A minimum GPA of 3.0 at the time of application
- Written letter of recommendation from a high school teacher or counselor
- An unofficial transcript (to include GPA/ school attendance/ classes taken)

Selection

- A committee of friends and family of Dr. Douglas Gallagher will help select the final candidates
- Application deadline: **Friday, May 27**

Application Process

Applicants should submit a completed application, letter of recommendation and unofficial transcript to the address or email below. Applications must be received no later than Friday, May 27, 2022 to be considered for high school seniors graduating in 2022.

Douglas Gallacher M.D. Memorial Scholarship
c/o Washington Hospital Healthcare Foundation
2000 Mowry Ave.
Fremont, CA 94538
Or scanned copy to foundation@whhs.com

Questions should be sent to foundation@whhs.com or (510) 818-7350.



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BACKGROUND

Dr. “G” was born in San Mateo, CA and graduated with High Honors from Lowell High School in Whittier, CA. After graduating Cum Laude from UC Irvine in 1974, he obtained his MD from Saint Louis University Medical School in 1978.

Dr. Gallacher completed a 1 ½-year internship in Internal Medicine, and a 6-month internship in Neuro-Radiology, and a 4-year residency in Diagnostic Radiology at Memorial Hospital in Long Beach, where he met his wife Sharon.

He did his fellowship in Interventional Radiology at Johns Hopkins University in Baltimore, MD, and in 1984, joined Washington Radiology Medical Group in Fremont. He was a partner with Washington Radiology Medical Group for 27 years. While on staff at Washington, Dr. Gallacher served on numerous boards and committees.

Dr. and Mrs. Gallacher were very active and invested in the Fremont community, where they raised their two daughters. This scholarship is intended to continue the legacy of excellence, giving back, working hard and pursuing your passion in life.

INSTRUCTIONS

All information submitted on this application is confidential. Please complete this form electronically or by printing and hand-writing information. If you need additional space, please write on plain, white 8 ½” x 11” paper and attach it to the application. If you have questions, please contact the Washington Hospital Healthcare Foundation.



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APPLICATION

Name:

Address:

Phone number:

Email:

School currently attending:

What college/university are you planning to attend after graduation? (Or please list top 3 locations where you are applying).

School activities/ awards/ offices held:

Activities/ interests outside of school:



Please describe your community work, volunteer or employment experience. How have these experiences shaped your goals? What have you learned about yourself? Please include names of places of employment or organizations for community/ volunteer experience.

Over the past two years, many students had to adapt to new learning environments. If you attended school remotely, what challenges did you face during this time? How have you adapted to this style of learning over the past two years? Do you prefer in-person learning, and if so, why?

How would this scholarship be used to accomplish your plans for the future?

Please describe how you intend to stay involved in community activities in the future.

Thank You and Good Luck! Scholarship Awardees will be notified by July 1, 2022



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(If under 18) Parental permission:

Name of Parent/ Guardian:

I acknowledge and give permission for my student to apply for the Douglas Gallacher M.D. Memorial Scholarship at Washington Hospital Healthcare Foundation:

Parent/ Guardian Signature

Date

Student Signature

Date



Washington Hospital
Healthcare Foundation

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