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DEADLINE April 12th

Adirondack Community Trust
Heaven Hill Farm
PO Box 288
Lake Placid, New York 12946
(518) 523-9904
Info@GenerousACT.org

Dr. U. R. Plante Medical Scholarship

Dear Medical Student:

Thank you for your interest in the Dr. U. R. Plante Medical Scholarship administered through the Adirondack Community Trust. The annual \$10,000 scholarship is available to students currently attending medical school or accepted by a medical school.

Following are the qualifications for this Scholarship:

1. Must be a resident of either the Adirondack Park, St. Lawrence, Essex, Franklin, Hamilton or Clinton County of New York State or have lived in one of these counties for at least two years.
2. Must be accepted by an accredited Medical School in either the United States or Canada and studying for an MD.
3. Must be willing to return to either the Adirondack Park, St. Lawrence, Essex, Franklin, Hamilton or Clinton County, NY to practice for at least two years; or be willing to practice for two years in a remote part of the U.S. or another country where doctors are needed.

Enclosed you will find the application form for the Scholarship. There are a number of questions that require additional space; we request that you keep your answers to a maximum of three pages typed, double-spaced. You may be asked for a personal interview.

All applications are due on April 12th and you must send 6 copies. The Plante family has named a Scholarship selection committee which will make its decision by June 1. Please contact Andrea Grout at the Adirondack Community Trust with any questions.

This Scholarship was established in honor of Dr. U. R. Plante, who practiced medicine in Massena from 1916 to 1972. It is believed that the Doctor delivered approximately 9,000 babies during his fifty-six years of practice. The Plante family, in establishing this Scholarship in his honor, stated, "May the students who benefit from the Dr. U.R. Plante Medical Scholarship have the same compassion and concern for their patients that Dr. Plante had for his."

Sincerely,

Andrea Grout
Scholarship Coordinator

DEADLINE April 12th

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Dr. U. R. Plante Medical Scholarship Application

Name: _____ (Print) Social Security Number: _____ Date of birth: _____

Permanent Address:

Street: _____ Town: _____ State: _____ Zip: _____ Phone: _____ E-mail: _____

Temporary Address if different from above:

Street: _____ City: _____ State: _____ Zip: _____ Phone: _____ E-mail: _____

If you are not now living in the Adirondack Park, St. Lawrence, Essex, Franklin, Hamilton or Clinton County, where and at what time did you live there?

Grade School: _____ Address _____ From _____ To _____

High School: _____ Address _____ From _____ To _____

*College(s): _____ Address _____ From _____ To _____

_____ Address _____ From _____ To _____

Father's Occupation: _____ Mother's Occupation: _____

Family Gross Income (include all sources such as wages, social security, retirement, pension, disability, ADC, etc.): \$ _____

Number and ages of Children in the family: _____ Number in College: _____

How was your college education funded? (Please be specific)

Scholarships: _____ Loans: _____

Other: _____ What do you still owe: _____

*Have you been accepted at a Medical School for a **M.D. Program**? _____

Name & Address _____

What year will you be in next fall? _____ What are you considering specializing in? _____

How will you fund medical school? Do you have other scholarships? If you have loans or scholarships give the amounts of each:

Scholarships: _____ Loans: _____

Other: _____

*Please forward a certified transcript of your academic record for both graduate and undergraduate institutions you have attended.

Work Record: Where have you worked and when? Please include address or phone number (for additional space use separate paper).

Where _____ When _____ Supervisor _____

What did you do? _____ Phone (____) _____

Where _____ When _____ Supervisor _____

What did you do? _____ Phone (____) _____

Where _____ When _____ Supervisor _____

What did you do? _____ Phone (____) _____

Other work experience:

Why are you applying for the Dr. U.R. Plante Medical Scholarship? Describe your interests and personal qualification for a medical career including any honors you may have received. Describe any academic, community activities and/or extra curricular activities in which you have participated. (use separate sheet, maximum 3 pages typed double-spaced).

Would you be willing to return to either the Adirondack Park, St Lawrence, Essex, Franklin, Hamilton or Clinton County to practice for at least two years? _____

If so, where are you considering? _____

Or are you planning to go to another remote part of this country or another country where doctors are needed? _____

If so, where do you have in mind? _____

How did you first hear about the Dr. U.R. Plante Scholarship? If it was from a website, please state which site. _____

You are responsible for including 3 reference letters with your final application (see application reference letter). Please include the names and telephone numbers of the three references for additional follow-up.

I certify that the statements in this application are true and correct.

Applicant Signature _____ Date: _____

Send 6 copies of complete application with sealed reference letters to: Adirondack Community Trust, P.O. Box 288, Lake Placid, NY 12946

Adirondack Community Trust
Heaven Hill Farm
PO Box 288
Lake Placid, New York 12946
(518) 523-9904
Info@GenerousACT.org

Dr. U. R. Plante Medical Scholarship

Name of Applicant: _____ Date: _____

Sir/Madam:

You have been named as a reference for an applicant applying for the Dr. U. R. Plante Medical Scholarship. The recipient of the scholarship will be awarded \$10,000 to put toward costs of attending medical school. Each recipient must comply with the following:

1. Must be a resident of either the Adirondack Park, St. Lawrence, Essex, Franklin, Hamilton or Clinton County of New York State or have lived in one of these counties for at least two years.
2. Must be accepted by an accredited Medical School in either the United States or Canada and studying for an MD.
3. Must be willing to return to one of the above locations to practice for at least two years; or plan to practice for two years in a remote part of the U.S. or another country where doctors are needed.

As the applicant's reference, please respond to the following questions:

1. What is your relationship to the applicant?
2. How long have you known the applicant?
3. Explain any experiences the applicant has had that would be relevant,
4. Why do you think this person would be a good doctor?
5. Has the applicant given you any indication of where they are likely to practice?
6. Please add anything else that would be helpful to the committee.

Your sealed letter is to be included with the student's application which is due on April 12. Please include your telephone number and e-mail in case the scholarship committee would like to follow-up with additional questions.

Sincerely,

Andrea Grout
Scholarship Coordinator