

DATE RECEIVED (OFFICE USE):

APPLICANT NUMBER (OFFICE USE):

DR. THOMAS N. PESOLA MEMORIAL SCHOLARSHIP APPLICATION 2010

The minimum award is \$1,000. You must meet the following criteria to qualify for the scholarship:

- Attendance at a Massachusetts high school;
- Minimum cumulative unweighted GPA of 3.0 on a 4.0 scale (through first semester of senior year);
- Demonstrated involvement in extracurricular activities (sports, student clubs, community service, etc.);
- Completed application, including essay & letters of recommendation, received by April 1, 2010.

Diabetics are especially encouraged to apply.

We strongly encourage applicants to read about Dr. Pesola before applying. Please visit our website at www.drpesolascholarship.org for more information.

APPLICANT INFORMATION:

LAST NAME	FIRST NAME	MIDDLE INITIAL	E-MAIL
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STREET (HOME ADDRESS)	CITY	ZIP	PHONE
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HIGH SCHOOL NOW ATTENDING	STREET	CITY
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EXPECTED DATE OF GRADUATION	UNWEIGHTED GPA	BEST COMBINED SAT (CR+M+W)
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COLLEGES ACCEPTED TO AT THIS TIME

OTHER COLLEGES APPLIED TO (TOP THREE ONLY)

NAME(S) OF PARENT(S)/GUARDIAN(S)

PARENT(S)/GUARDIAN(S) OCCUPATIONS

ARE YOU DIABETIC? NO TYPE I TYPE II DATE OF DIAGNOSIS: _____

HAVING READ THE INFORMATION ON THE WEBSITE, WHY DO YOU FEEL YOU ARE UNIQUELY QUALIFIED FOR THIS SCHOLARSHIP? _____

ACTIVITIES:

Please list **the top six** school and/or community activities in which you have participated that have been *most meaningful* to you, and describe your participation in each. Be sure to note any leadership position held or special responsibility you had.

AWARDS/RECOGNITION:

Please list any awards or special recognitions for academic and/or athletic achievement, or community service. Include scholarship awards here.

AWARD OR RECGONITION	ORGANIZATION	YEARS (9, 10, 11, 12)

EMPLOYMENT:

Please detail the after school and/or summer jobs you've worked, if applicable. Include the number of hours worked per week.

ESSAY:

"Sisu" is a Finnish term that translates roughly to "fortitude" or "perseverance." This theme characterized Dr. Thomas Pesola's life, as he faced adversity in various forms—medical, personal, and financial—and turned the challenges into opportunities for growth.

In a typed essay of no more than 500 words (or 2 double-spaced pages), demonstrate that you have "sisu." What is the greatest challenge that you have faced thus far? How did you respond to this obstacle? What did you learn from the experience?

Please attach the essay to this application. Note that the committee gives strong consideration to the essay.

LETTERS OF RECOMMENDATION:

Please submit two letters of recommendation with your scholarship application, at least one of which should come from a teacher, guidance counselor, or school administrator. These letters could be the same as those included with your college application, or your recommenders might comment specifically on how you demonstrate "sisu."

I declare that all the information provided in this application is my own work, and is accurate to the best of my knowledge.

APPLICANT'S SIGNATURE

DATE

APPLICANT'S NAME (PRINTED)

The following *must* accompany this application. Incomplete applications cannot be considered:

- Current high school transcript, including standardized test scores
- Typed essay
- Two letters of recommendation

Completed applications must be *received* no later than April 1, 2010. Please send all materials to:

**Dr. Thomas N. Pesola Memorial Scholarship Foundation
c/o Kirstin Pesola-McEachern
15 Paulette Dr.
Danvers, MA 01923**

Within one week of receiving your application, we will e-mail you verification of receipt. If you do not hear back within a week, please e-mail pesolascholarship@gmail.com.

Scholarship finalists will be notified by **Sunday, April 18** to schedule an interview.