

DATE RECEIVED (OFFICE USE):

APPLICANT NUMBER (OFFICE USE):

DR. THOMAS N. PESOLA MEMORIAL SCHOLARSHIP - APPLICATION 2011

The Dr. Thomas N. Pesola Memorial Scholarship fund was established after Tom's death in 2009. A lifelong diabetic who came from humble beginnings, Dr. Pesola relied on scholarship money for the economically and medically unfortunate. In that vein, the fund awards scholarship money to diabetic Massachusetts residents who pursue higher education. The award for the 2011 scholarship is \$1,000, and the deadline to apply is April 15, 2011.

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

You must meet the following criteria to qualify for the scholarship:

- Diagnosis of diabetes (type I or II);
- 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 and letters of recommendation, received by April 15, 2011.

APPLICANT INFORMATION:

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|-----------|------------|----------------|--------|
| 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 |
|---------------------------|--------|------|

| | | |
|-----------------------------|----------------|----------------------------|
| EXPECTED DATE OF GRADUATION | UNWEIGHTED GPA | BEST COMBINED SAT (CR+M+W) |
|-----------------------------|----------------|----------------------------|

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

DIABETIC DIAGNOSIS TYPE I TYPE II

DATE OF DIAGNOSIS _____

ACTIVITIES:

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:

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

| AWARD OR RECOGNITION | ORGANIZATION | YEARS (9, 10, 11, 12) |
|----------------------|--------------|-----------------------|
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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.

LETTERS OF RECOMMENDATION:

Please submit two letters of recommendation with your scholarship application. 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 15, 2011. 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.

Note an interview may be requested if further consideration is required. Recipients will be announced by May 13, 2011.