



## 2024-2025 Scholarship Program for Graduate Students

### GUIDELINES

#### Program Guidelines & Priorities:

\* Seeking graduate students with a record of leadership and volunteerism in the community in non-school sponsored activities and participation in extracurricular school activities.

\* **Applicants must be pursuing a graduate degree in the health and medical sciences with the intention of pursuing that discipline as a career.**

\* Applicants must be accepted or enrolled in an accredited graduate degree program in the United States for the Fall 2024/Spring 2025 academic year (enrollment must begin in the Fall). With the intention of maintaining full-time status for the entire year.

\* Applicants must have a minimum GPA of 3.0 (on a 4.0 scale).

\* Applicant must be a United States Citizen.

\* Graduate student must apply to and be accepted into a graduate school by July 1, 2024.

\* Applicants must submit two letters of recommendation that are specific to your application to the Freemont Foundation Scholarship Program:

- one from a professor, counselor, or administrator;
- one from a community member or officer of an organization in which the applicant is affiliated.

***Do not submit more than two letters.*** The letters of recommendation must be signed by the person writing the letter; digital or electronic signatures will not be accepted and will void your application. The letters may either be included with your application submission or emailed separately from the persons writing your recommendation.

\*The official transcript must include the most recently completed term.

- The official transcript(s) may be sent electronically via email from the school directly or from the school's official transcript service, a service such as Credentials Solutions, Parchment or other transcript service.
- **We will not accept transcripts sent via email from applicants. DO NOT SEND IT WITH YOUR APPLICATION.**
- If your official transcript cannot be sent electronically, a school official can email transcripts to [scholarship@freemontfoundation.com](mailto:scholarship@freemontfoundation.com). The email address must be associated with the school/institution. Transcripts sent from Hotmail, Gmail, Yahoo, or other generic email providers will not be accepted.
- If your school is no longer in operation, you must confirm that your academic records can still be obtained. If your transcript is no longer available, contact us at [info@freemontfoundation.com](mailto:info@freemontfoundation.com).

Applications and all supporting documents must be received by February 2, 2024. Late applications and supporting documents will not be accepted.

**THE APPLICATION AND ALL SUPPORTING DOCUMENTS MUST BE SENT TO**  
[scholarship@FreemontFoundation.com](mailto:scholarship@FreemontFoundation.com)



— James M. & Erna T. —  
Freemont Foundation

The scholarship award will be announced no later than April 2024. Scholarship funds will be paid in **September 2024 for the Fall semester directly to the college/university** and not to the student. It will be the student's responsibility to submit to the Foundation at that time proof of enrollment for the Fall 2024 semester that will include student ID number and college information by the deadline we provide.

Applications may be downloaded from the Freemont Foundation's website at [www.FreemontFoundation.com](http://www.FreemontFoundation.com)

- Please submit any questions to: [scholarship@freemontfoundation.com](mailto:scholarship@freemontfoundation.com)

**A completed application package includes the following:**

- \*Typed and Signed Application
- \*Typed Essay (pdf format)
- \*Typed Resume (pdf format)
- \*Official School Transcript (most recent)
- \*Two Signed Letters of Recommendation

**DOCUMENTS MUST BE SENT TO** [scholarship@FreemontFoundation.com](mailto:scholarship@FreemontFoundation.com)

**The application and supporting documents must be received by February 2, 2024.  
NO EXCEPTIONS**



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## GRADUATE STUDENT SCHOLARSHIP APPLICATION 2024-2025

Please <b>type</b> your answers.	
1.	Last Name: _____ First Name: _____
2.	Mailing Address Street: _____ City: _____ State: _____ Zip: _____
3.	Daytime Telephone Number: (      ) Email Address: _____
4.	Date of Birth:   Month           Day           Year
5.	How did you find out about this scholarship program?
6.	Name of graduate school attending: Location (city, state) of graduate school attending: Name of undergraduate school you attended: Location (city, state) of undergraduate school you attended: Your hometown (city, state):
7.	<b>Attach a resume that includes the following:</b> A. Any academic honors, awards and membership activities while in college and/or graduate school B. Your hobbies, outside interests, extracurricular activities and school related volunteer activities C. Your non-school sponsored volunteer activities in the community
8.	List your graduate school field of study: Anticipated date of graduate school graduation (semester and year): List the graduate degree that you will obtain: Undergraduate major:

**In 300-350 words, write an essay on the following topic:**

*Think about what inspired you to pursue a profession in health care. What influenced your interest in this field? What steps have you taken outside of the classroom to learn more? What specific career do you see yourself entering (or continuing) in this field?*

**The essay must be submitted in pdf format.**



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Freemont Foundation

### STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture and personal information will be required and used to promote the Foundation's scholarship program. I understand that if chosen as a finalist, an interview may be requested.

I hereby understand that if chosen as a scholarship winner, according to James M. & Erma T. Freemont Foundation Scholarship policy, it is my responsibility to remit to the Foundation the appropriate information by the deadlines indicated in the award letter in order for my scholarship to be paid directly to my educational institution.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

**Signature of scholarship applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Electronic signatures will not be accepted)