HUDSON HEADWATERS
HEALTH NETWORK

9 CAREY ROAD
QUEENSBURY, NY 12804

518-761-0300
WWW.HHHN.ORG

# Medical Student Tuition Assistance Program Application

## Personal Information

Last name: _____   First name: _____

Permanent mailing address: _____

City: _____   State: _____   Zip: _____

Primary Telephone: (_____)_____   Alternate Phone: (_____)_____

## Academic

Major: _____   Minor: _____

Send us a copy of your:
☐   CV
☐   Transcripts from:
        ☐   Undergraduate College or University
        ☐   Medical school (for years completed)
**These do not have to be official transcripts from the school if you have copies available.*
If being sent from school & or hardcopies, please have them mailed to:
        Hudson Headwaters Health Network
        George Purdue Administrative Building
        Attn: Jennifer Leszyk
        9 Carey Road
        Queensbury, NY  12804
or you can email to jleszyk@hhhn.org

Clinical Reference –

Name: _____

Telephone: (_____)_____   Email: _____

**Experience**

Share with us your past experiences (medical service, volunteer, research, employment, etc.). Please include date and years involved.

Out of the experiences you shared, pick three of your most meaningful and explain in a short paragraph why those are important to you.

1.

2.

3.

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Reflection (2 short essays – 500 word limit). Please fill in below or attach essays separately.

## 1.    Diversity (pick one):
Tell us about an experience that has broadened your own worldview or enhanced your ability to understand those unlike yourself and what you learned from it.

or

Explain how interactions with people who are different from you have shaped your worldview and relate how you would use that to enrich the community.

**2.   Personal:**

Tell us something about yourself that is not addressed elsewhere in your application that you feel might be helpful to our Admissions Committee.

**Community**

In just a few sentences, can you share:

What attracts you to this area?

If you have any ties to the region?

What draws you to Hudson Headwaters Health Network?

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**Please feel free to use this space if you'd like to share any additional thoughts or address any identified deficiencies in your application.**