



# ADIRONDACK FOUNDATION

*Generous Acts Enhancing Communities*

## Dr. U. R. Plante Medical Scholarship Reference Letter

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 at Adirondack Foundation. 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 letter is to be uploaded to the student's application via the emailed link before the deadline.** Please include your telephone number and e-mail in case the scholarship committee would like to follow-up with additional questions.

Sincerely,

Andrea Grout  
Program Officer  
Adirondack Foundation  
518-523-9904