



# PHYSICIANS MEDICAL FORUM

"The ultimate reason to become a medical doctor is to help people. PMF is in this business"

## SCHOLARSHIPS FOR MEDICAL STUDENTS & RESIDENTS

Visit [www.pmfmd.com](http://www.pmfmd.com)

Physician Medical Forum mission is to encourage the recruitment and retention of African American physicians, and thereby to help eliminate health disparities, improve access to care, and improve the quality of life & medical care for people in the Oakland/San Francisco Northern California Bay Area.

### PHYSICIANS MEDICAL FORUM SCHOLARSHIP APPLICATION

**There will be one scholarship awarded to a medical student  
and one scholarship awarded to a resident**

#### ELIGIBILITY REQUIREMENTS

- Applicants must be Black/African American and from the Oakland/San Francisco Bay Area
- Applicant must be in good standing at an accredited medical school or a resident program in the country
- Applicants must plan to pursue their medical career as a physician and reside in the Oakland/San Francisco Northern California Bay Area
- Applicants must demonstrate a financial need.

#### SCHOLARSHIP TERMS AND CONDITION

- The scholarships will provide awards to one medical student and one resident for 2016 - 2017. We will select the most qualified candidates for these awards. Scholarship awards are for \$1,500 each.
- Applicants must be enrolled in an accredited medical school or residency program. Verification of enrollment is required before scholarship checks are issued. Scholarship funds will be paid via check directly to the student or resident.
- Scholarship funds should be applied toward tuition, fees and other appropriate educational expenses. Scholarship awards will be presented at the Annual Sinkler Miller Medical Association Scholarship Dinner Dance to be held this year on October 22, 2016 at the Greek Cathedral Community Center located at 4700 Lincoln Avenue, Oakland, CA 94602. More information will be posted this summer at [www.pmfmd.com](http://www.pmfmd.com).
- **Only actual award recipients will be contacted with the final decision.**

*Note: Applicants are encouraged to attend and should keep this date open in case they are awarded the scholarship.*

#### APPLICATION

The application must include:

- A certified current academic transcript. (medical students)
- A letter of recommendation from a faculty member of the medical school or residency program applicant is attending
- A personal statement essay which provides information about community involvement, career goals and desire to contribute to the Oakland/San Francisco medical community. The applicant should also state why he/she believes he/she should receive the scholarship awards. Information about unique, personal or financial circumstances may be added. Personal statements must not be more than two pages in length.
- Applicants must submit a copy of the 2015 IRS form W2 filed by applicant and/or spouse or parent used to document income.

**APPLICANT GENERAL INFORMATION** *(Please print or type)*

Mr. \_\_\_ Ms. \_\_\_ Mrs. \_\_\_ Male \_\_\_ Female \_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Mo/Day/Year

Name: \_\_\_\_\_

Last

First

Middle

Current Address: \_\_\_\_\_

No. & Street

City

State

Zip

Permanent Mailing Address: \_\_\_\_\_

No. & Street

City

State

Zip

Phone Number:

Home \_\_\_\_\_

Cell \_\_\_\_\_

Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Divorced

No. of Dependents: \_\_\_ Spouse's Occupation: \_\_\_\_\_

Household Annual Income: \_\_\_ Less than \$30,000 per year

\_\_\_ \$30,000 to \$50,000 per year

\_\_\_ \$60,000 to \$80,000 per year

\_\_\_ Greater than \$80,000 per year

Parents or Guardians (if applicable):

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Father or Guardian Occupation \_\_\_\_\_

Mother or Guardian Occupation \_\_\_\_\_

Combined Parent or Guardian Annual Income \_\_\_ Less than \$30,000 per year

\_\_\_ \$30,000 to \$50,000 per year

\_\_\_ \$60,000 to \$80,000 per year

\_\_\_ Greater than \$80,000 per year

**EDUCATION**

Elementary School \_\_\_\_\_  
Name City State Date From/To

Middle School \_\_\_\_\_  
Name City State Date From/To

High School Diploma \_\_\_\_\_  
Name City State Date From/To

College \_\_\_\_\_  
Name City State Date Graduated Degree

**Please list medical school, college/university or residency program attending:**

College/University \_\_\_\_\_  
Name City State Date Graduating Degree

College/University \_\_\_\_\_  
Name City State Date Graduating Degree

Residents Program \_\_\_\_\_  
Name City State Date Completing

Residents Program \_\_\_\_\_  
Name City State Date Completing

Do you know what field/specialty you would like to practice? If so, please state:

\_\_\_\_\_  
\_\_\_\_\_

**RECOGNITION**

High School honor/awards \_\_\_\_\_  
\_\_\_\_\_

College honors/awards/papers authored \_\_\_\_\_  
\_\_\_\_\_

Medical School honors/awards/papers authored \_\_\_\_\_  
\_\_\_\_\_

How did you hear about the Physicians Medical Forum Scholarship Program? \_\_\_\_\_

## SUBMISSION OF APPLICATION

All completed applications must be received or postmarked no later than September 15, 2016.  
Incomplete applications will not be considered.

Applications must be mailed, emailed or faxed to:

Mail to:  
Stalfana A. Bello, M.P.A.  
Executive Director  
Physicians Medical Forum  
2201 Broadway, Suite 212  
Oakland, CA 94612

OR  
E-mail to: [bhpubrel@aol.com](mailto:bhpubrel@aol.com)

**Please put in Subject line PMF Scholarship Application  
For more information please visit [www.pmfmd.com](http://www.pmfmd.com)**

**Only actual award recipients will be contacted with the final decision.**

## CERTIFICATION AND AUTHORIZATION

All of the information that I have provided in this application and in the enclosed letters is true and complete, to the best of my knowledge. I certify that I am currently enrolled and in good standing in medical school or an accredited residency program for 2016-2017 and am eligible to receive a scholarship grant under the program. I hereby authorize The Physicians Medical Forum and the Scholarship Committee to use any information contained in the application for the purpose of promoting and publishing the program, or as legally required or permitted by law.

Applicant Signature: (required) \_\_\_\_\_ Date \_\_\_\_\_