



Physicians Dedicated to a Healthy Community

SINKLER MILLER MEDICAL ASSOCIATION SCHOLARSHIP APPLICATION **For Medical Students, Post Bac Students, Nursing Students and High School Students**

ELIGIBILITY REQUIREMENTS

- Applicants must be Black/African American and from the Oakland/San Francisco Bay Area
- Applicants must provide verification of acceptance into college or enrollment in medical school, post bac program, or nursing school.
- Medical, post bac and nursing students must be in good standing in the accredited medical school, post bac program or nursing school applicant is attending.
- High school students must have a minimum cumulative graduate GPA of 3.0.
- Applicants must demonstrate a financial need.

SCHOLARSHIP TERMS AND CONDITION

- This scholarship will provide awards to students for the 2016 - 2017 academic year. We will select the most qualified candidates who are high school seniors, or those who are post bac students or those students attending medical or nursing school. High school seniors are eligible for \$1,000 scholarships, nursing and post bac students for \$1,500 scholarships and medical students for \$3,000 to \$5,000 scholarships.
- High school seniors will need to provide a letter of acceptance to a four year accredited college/university and confirmation of their registration at a four year college/university. Upon receiving this information, Sinkler Miller Medical Association will issue their scholarship award check. Medical, nursing and post bac students must be enrolled in medical, nursing school or a post bac program and in good standing in the academic year. Verification of acceptance/enrollment is required. Scholarship funds will be paid via check directly to the student. Scholarship funds should be applied toward tuition, fees and other appropriate educational expenses. Awardees will be contacted with the final decisions. Awards will be presented at the Annual Sinkler Miller Medical Association Scholarship Dinner Dance being 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.sinklermiller.org
- **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.
- A letter of recommendation from a faculty member of the medical school, post bac program, nursing school or high school.
- A personal statement essay which provides information about community involvement, career goals and desire to contribute to the medical community. The applicant should also state why he/she believes they should receive the scholarship award. 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 them and/or spouse or parent(s) or guardian(s) used to document income.

CERTIFICATION AND RELEASE

- All applicants, and, if applicable, their parents or guardian, must sign the attached application, certifying that all information provided is true and completed to the best of your/their knowledge. Upon submission of the completed application, applicants grant SMMA the right to use any information contained in the application for the purpose of promoting and publicizing the program or as legally required or permitted by law.

APPLICANT GENERAL INFORMATION *(Please print or type)*

Please select the scholarship you are applying for:

Medical Student Post Bac Student Nursing Student High School Student

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/Work () _____

Email _____

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

MiddleSchool _____
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 or nursing school and any other college/university:

College/University _____
Name City State Date Graduating Degree

College/University _____
Name City State Date Graduating Degree

College/University _____
Name City State Date Graduating Degree

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

RECOGNITION

Highschool honor/awards _____

Name of high school counselor _____

Telephone number of high school counselor _____

College/Post Graduate
Honors/awards/papers authored _____

Medical/Nursing Schools
Honors/awards/papers authored _____

Other Recognition _____

Admissions Office Telephone Number _____

How did you hear about the Sinkler Miller Medical Association Scholarship Program?
(i.e. guidance counselor, website, scholarship directory)

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:

SinklerMillerScholarshipCommittee

C/O Sandra Weatherby, M.D., Chair, Scholarship Committee

P.O. Box 16216

Oakland, CA 94610

OR

Email:

sinklermillermedical@gmail.com

ATTN: Michelle Edmond,

Executive Director

Call: 510.213.1078

Please put in Subject line SMMA Scholarship Application

For more information please visit www.sinklermiller.org

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 as a senior in high school, or a medical or nursing student for the 2016-2017 academic year and am eligible to receive scholarships granted under this program. I hereby authorize Sinkler Miller Medical Association 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.

AUTHORIZATION FOR RELEASE OF RECORDS

To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, permission is hereby given to applicant school officials to release the applicant's secondary and tertiary school records and other requested information for consideration in the program.

Applicant Signature: (required) _____ Date _____

Parent or Guardian Signature _____ Date _____

(Required if applicant is under 18 years of age)