



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

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 2017 - 2018. 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 28, 2017 at the Greek Cathedral Community Center located at 4700 Lincoln Avenue, Oakland, CA 94602. Please visit www.pmfmd.com for scholarship information.
- **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 2016 IRS form W2 filed by applicant and/or spouse or parent used to document income.

APPLICANT GENERAL INFORMATION – (Please Check One)

- Medical Student**
- Resident**

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 22, 2017.
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
6114 La Salle Avenue,
#601
Oakland, CA 94611

OR
E-mail to: bhpubrel@aol.com

Please put in Subject line PMF Scholarship Application
For more information please visit 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 2017-2018 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 _____