

# WILLIAM ALEXANDER JACKSON ROSS, SR., M.D. SCHOLARSHIP FOR RESIDENTS IN A SURGERY TRAINING PROGRAM

William Alexander Jackson Ross, Sr., M.D. was a prominent Orthopedic Surgeon in the Oakland/San Francisco Bay Area. He strongly believed in eliminating healthcare disparities among minorities and was a dedicated member of the Sinker Miller Association. Dr. Ross passed away in 2007. In his honor and to continue his legacy, his family is funding this scholarship to assist residents who are in a surgery training program.

## ELIGIBILITY REQUIREMENTS

- Applicants must be Black/African American and from the Oakland/San Francisco Bay Area
- Applicant must be in good standing in an accredited residency surgery program in the country
- Applicants must plan to pursue their medical career as a physician and live in the Oakland/San Francisco Bay Area
- Applicants must demonstrate a financial need.

## SCHOLARSHIP TERMS AND CONDITION

- This scholarship will provide an award to one resident for the 2017 - 2018 academic year. We will select the most qualified candidate in a surgery residency program for this award. Only applicants in a surgery residency program are eligible for the one \$1,000 scholarship award.
- Applicants must be enrolled in an accredited surgery residency program. Verification of enrollment is required. Scholarship funds will be paid via check directly to the resident.
- Scholarship funds should be applied toward tuition, fees and other appropriate educational expenses. This award will be presented at the Annual Sinker Miller Medical Association Scholarship Dinner Dance held this year on Saturday evening, October 28, 2017 at the Greek Cathedral Community Center located at 4700 Lincoln Avenue, Oakland, CA 94602. More information will be posted this summer at [www.sinkermiller.com](http://www.sinkermiller.com)
- **Only actual award recipients will be contacted with the final decision.**

***Note:** Scholarship awardees are expected to attend and should keep this date open in case they are awarded the scholarship.*

## APPLICATION

The application must include:

- Verification of participation in a certified residency program
- A letter of recommendation from a faculty member of the residency program
- 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 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 2016 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/Work ( ) \_\_\_\_\_

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

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

Medical School: Class Rank No. in Class MCAT GPA

Honors/awards/papers authored: \_\_\_\_\_

**Please list Residency Program and any other college/university attended:**

Residency Program \_\_\_\_\_  
Name City State Date From/To

Residency Program \_\_\_\_\_  
Name City State Date From/To

Other College/University \_\_\_\_\_  
Name City State Date Graduated Degree

**RECOGNITION**

Residency Program:  
Status in program \_\_\_\_\_

Honors/awards/papers authored: \_\_\_\_\_

How did you hear about the William Alexander Jackson Ross, Sr., M.D. Scholarship? \_\_\_\_\_

## SUBMISSION OF APPLICATION

All completed applications must be received or postmarked no later than September 15, 2017.

Incomplete applications will not be considered.

Applications can be mailed or emailed to:

**Sinkler Miller Scholarship Committee**

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

P.O. Box 16216

Oakland, CA 94610

Email: [scholarships@sinklermiller.org](mailto:scholarships@sinklermiller.org)

ATTN: Scholarship Chair

**Please put in Subject line Dr. Ross Scholarship**

**Application For more information please visit**

**[www.sinklermiller.com](http://www.sinklermiller.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 an accredited surgery resident program for the 2017-2018 and am eligible to receive a scholarship grant under the program. I hereby authorize the William Alexander Jackson Ross, Sr., M.D. Scholarship Fund and the 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.

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