



**Auxiliary to the  
National Medical  
Association, Inc.**

**ASMMA Scholarship Committee:**

Sai Bracy Orr, Scholarship Committee Chair  
Wandra Boyd  
Norma Rogers Jackson  
Denise LeNoir  
Nanine Watson  
Eloise Norton  
Norma Lampley  
Etna Laura Ross  
DonnaLuci Williams Carter

May 20, 2024

Dear Administrators and Executive Directors,

The Auxiliary to the Sinkler Miller Medical Association is pleased to announce that we have scholarships available to eligible students in the areas for medical doctors, nursing and allied health. As in past years, we are requesting and relying upon your assistance in identifying eligible candidates.

We would also like to invite you to be our guest at the Scholarship Awards Reception. This always proves to be a profoundly meaningful event, and we would welcome your attendance. It would be wonderful for you to share in this experience made possible by your recruitment efforts.

Student eligibility requirements are as follows:

- Applicants must be African American/Black
- Must have demonstrated leadership skills
- Awardees must be present at the reception to receive scholarships

Scholarships amounts for 2024 will be as follows:

- Medical Students Scholarships - \$2,500  
Pass/Fail
- Nursing Students Scholarships - \$1,500  
Minimum cumulative GPA of 3.2
- Allied Health Students Scholarships - \$500.00  
Minimum cumulative GPA of 3.0

All completed document must be emailed by **August 1, 2024**, to Mrs. Denise LeNoir at [denise.lenoir@gmail.com](mailto:denise.lenoir@gmail.com). This should include the following:

- Scholarship Application
- Personal Statement - 500 word maximum
- Current transcript
- 2 letters of recommendations

If you have any questions, please contact: Mrs. Sai Bracy Orr at [saibracy@yahoo.com](mailto:saibracy@yahoo.com) or call (510)798.3942.

Scholarship recipients will be selected and notified by **August 27, 2024**, via email. Only those students selected will be notified.

The Scholarship Awards Reception will be held on **Sunday, September 15, 2024 at 2:00 P.M.** The recipients must be present at the reception to receive their scholarships.

We look forward to receiving applications from students enrolled at your colleges, universities and programs.

Thank you for your assistance in distributing this scholarship information.

Sincerely,

Sai Bracy Orr, Scholarship Committee Chair



**Instructions: This scholarship is awarded to African American/Black students who are pursuing their careers in medicine (medical doctor, nursing or allied health). Please complete the application, personal statement, and attach additional requested information. Remember to sign and date the application.**

**APPLICANT GENERAL INFORMATION**

Male  Female

Are you Native-born Black American? Yes  No  If yes, please list Origin/Country: \_\_\_\_\_

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

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

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

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: Single  Married

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Household Income: \_\_\_\_\_ No. of Dependents: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

High School: \_\_\_\_\_  
Name City, State Dates of Attendance

College: \_\_\_\_\_  
Name City, State Dates of Attendance

Year \_\_\_\_\_ GPA \_\_\_\_\_ Date to Graduate \_\_\_\_\_

Post Graduate Degree: \_\_\_\_\_  
Name City, State Dates of Attendance

Medical School: \_\_\_\_\_  
Name City, State Dates of Attendance

Year \_\_\_\_\_ Date to matriculate \_\_\_\_\_

How did you learn about this scholarship? \_\_\_\_\_  
ie. flyer, school, teacher, friend

**Please submit your application and include the following materials:**

1. Official Transcript from college or medical school
2. Personal Statement - Include your reason for choosing your field of health endeavor. The topics listed below are the guide in the ranking and scoring of applications. Include as many of the following:
 

Community activities	Campus activities
Awards /Honors	Leadership skills
Financial need	Employed while a student

Please discuss your professional goals upon completing your education and training and any challenges and successes you have encountered. Please include why you should be chosen to receive the Auxiliary to the Sinkler Miller Medical Scholarship and how/why it will help you achieve your goals.

3. Two letters of recommendations from faculty member, adviser, counselor, dean, employer, etc.
4. Application and all documents must be received by August 1, 2024 and emailed to:  
Mrs. Denise LeNoir at denise.lenoir@gmail.com.

**Please include in the subject line ASMMA Scholarship Application.**

If you have any questions, please contact:

Mrs. Sai Bracy Orr at saibracy@yahoo.com OR call (510)798.3942

5. **Scholarship recipients must be present at the scholarship reception which will be held on Sunday, September 15, 2024, from 2:00 PM – 4:30 PM to receive the scholarship. The reception will be held in Oakland, CA.**  
**NOTE: Only scholarships recipients will be notified via email by August 27, 2024.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Confidentiality Clause: Please note that the information contained in this document will remain confidential and will only be shared with the ASMMA Scholarship Committee.

**Media Release:**

I authorize the Auxiliary to the Sinkler Miller Medical Association (ASMMA) to use, reproduce, and/or publish photographs, films and/or videos that may pertain to me—including my image, likeness and/or voice without compensation. I understand that this material may be used in various publications, public service announcements, recruitment materials, fundraising or for other related endeavors. This material may also appear on ASMMA's or its partners internet web page, press releases, Facebook, YouTube, Instagram and other social media.

I hereby release(s) ASMMA, and any of its associated or affiliated partners, their directors, officers, agents, employees and volunteers, and appointed advertising agencies, their directors, officers, agents and employees from all claims of every kind on account of such use.

This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. Consequently, ASMMA may publish materials, use my name, photograph, and/or make reference to me in any manner that ASMMA deems appropriate in order to promote/publicize its mission.

Media Release Authorization: Yes  No

**Sign Name** \_\_\_\_\_