



**Instructions:** This scholarship is awarded to African American/Black students pursuing medical careers, including becoming medical doctors or nurses or working in allied health fields. Please attach any additional information requested and remember to sign and date the Media Release Form, as it is a crucial step in your application process.

## APPLICANT GENERAL INFORMATION

Male ☐ Female ☐ Are you Native-born Black American? Yes ☐ No ☐

Are you African (origin in a Black racial group)? Yes ☐ No ☐ If yes, list Origin/Country: \_\_\_\_\_

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

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

Home Telephone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status: Single ☐ Married ☐ Household Income: \_\_\_\_\_

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

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

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

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

Year \_\_\_\_\_ GPA \_\_\_\_\_

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

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

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
3. What are your future goals upon completing your education and training?  
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.
4. Two letters of recommendations from faculty member, adviser, counselor, dean, employer, etc.  
Application and all documents must be received by **August 16, 2025** and emailed to:  
Mrs. Denise LeNoir at denise.lenoir@gmail.com.  
**IMPORTANT: 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 14, 2025, from 2:00 PM – 4:30 PM to receive the scholarship.**

**NOTE: Only scholarships recipients will be notified via email by September 3, 2025.**

**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 affairs releases, recruitment materials, broadcast public service announcements, 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 refer to me in any manner that ASMMA deems appropriate in order to promote/publicize its mission.

Media Release Authorization: Yes ☐ No ☐

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