

# WILLIAM ALEXANDER JACKSON ROSS, SR., M.D. SCHOLARSHIP

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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 Sinkler 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 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 2011 - 2012 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. Awardee will be contacted with the final decision. This award will be presented at the Annual Sinkler Miller Medical Association Scholarship Dinner Dance being held this year on Saturday evening, November 12, 2011 at the Oakland Marriott City Center.

*Note: Scholarship awardees are expected to attend and should keep this date open incase 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 2010 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 complete applications must be postmarked by October 14, 2011. Incomplete applications will not be considered.

Applications must be mailed, emailed or faxed to:

**Sinkler Miller Scholarship Committee**

c/o Ralph Melton, M.D., Chair

401 29th St., Suite 206

Oakland, CA 94609

Or

Fax: 510-835-0738

Or

Email: kathyennix@aol.com

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

## 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 2011-2012 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 \_\_\_\_\_