



# PHYSICIANS MEDICAL FORUM

"The ultimate reason to become a medical doctor is to help people. PMF is in this business"

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 and medical care for people in the Oakland/San Francisco Bay Area.

## PHYSICIANS MEDICAL FORUM SCHOLARSHIP APPLICATION

### ELIGIBILITY REQUIREMENTS

- Applicants must be African American and from the Oakland/San Francisco Bay Area
- Applicant must be in good standing at an accredited medical school program in the country
- Applicants must plan to pursue their medical career as a physician and reside in the Oakland/San Francisco Bay Area
- Applicants must be in good standing at the medical school applicant is attending.
- Applicants must demonstrate a financial need.

### SCHOLARSHIP TERMS AND CONDITION

- This scholarship will provide awards to two students for the 2010 - 2011 academic year. We will select the most qualified candidates in medical school for this award. Only medical students are eligible for the two \$5,000 each scholarship awards.
- Applicants must be enrolled in an accredited medical school program. Verification of enrollment is required. Scholarship funds will be paid via check directly to the student.
- Scholarship funds should be applied toward tuition, fees and other appropriate educational expenses. Awardees will be contacted with the final decision. Scholarship awards will be presented at the Annual Sinkler Miller Medical Association Scholarship Dinner Dance being held this year on Saturday evening, November 13, 2010 at the Oakland Marriott City Center.

*Note: Applicants are encouraged to attend and should keep this date open incase they are awarded a scholarship.*

### APPLICATION

The application must include:

- A certified current academic transcript.
- A letter of recommendation from a faculty member of the medical school 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 2009 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

### **Please list medical school and any other college/university attended:**

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

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

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

Do you know what field/specialty you would like to practice? If so, please state:

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## RECOGNITION

High School honor/awards \_\_\_\_\_

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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 complete applications must be postmarked by October 31, 2010. Incomplete applications will not be considered.  
Applications must be mailed, emailed or faxed to:

Mail to:  
Stalfana A. Bello  
Executive Director  
Physicians Medical Forum  
2201 Broadway, Suite 212  
Oakland, CA 94612

Or  
Fax to: 510-639-7668

Or  
E-mail to: [bhpubrel@aol.com](mailto:bhpubrel@aol.com)  
*Please put in Subject line PMF 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 medical school for the 2010 -2011 academic year and am eligible to receive a scholarship grant under the program. I hereby authorize PMF 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 \_\_\_\_\_