



Physicians Dedicated to a Healthy Community

SINKLER MILLER MEDICAL ASSOCIATION SCHOLARSHIP APPLICATION

ELIGIBILITY REQUIREMENTS

- Applicants must be African American and from the Oakland/San Francisco Bay Area
- Applicants must provide verification of acceptance into college or enrollment in medical or nursing school.
- High school students must have a minimum cumulative GPA of 3.0 or a graduate GPA of 3.0.
- Medical and nursing students must be in good standing in the accredited medical or nursing school applicant is attending.
- Applicants must demonstrate a financial need.

SCHOLARSHIP TERMS AND CONDITION

- This scholarship will provide awards to students for the 2010 - 2011 academic year. We will select the most qualified candidates who are high school seniors, or those attending medical and nursing school for these awards. High school seniors are eligible for \$1,000 scholarships, nursing students for \$1,500 to \$2,000 scholarships and medical students for \$3,000 to \$5,000 scholarships.
- High school seniors will need to show proof of acceptance to a four year accredited college or university. High school students scholarship checks will be awarded upon receipt by SMMA of college letters of acceptance. Medical and nursing students must be enrolled in medical or nursing school and in good standing in the academic year following their selection. Verification of acceptance/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 decisions. 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 the scholarship.

APPLICATION

The application must include:

- A certified current academic transcript.
- A letter of recommendation from a faculty member of the high school, medical or nursing school.
- A personal statement essay which provides information about community involvement, career goals and desire to contribute to the 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 2009 IRS form W2 filed by them and/or spouse or parent(s)/guardian(s) used to document income.

CERTIFICATION AND RELEASE

- All applicants, and, if applicable, their parents or guardian, must sign the attached application, certifying that all information provided is true and completed to the best of your/their knowledge. Upon submission of the completed application, applicants grant Sinkler Miller Medical Association the right to use any information contained in the application for the purpose of promoting and publicizing the program or as legally required or permitted by law.

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 Diploma _____
Name City State Date From/To

College _____
Name City State Date Graduated Degree

Please list medical or nursing school and any other college/university:

College/University _____
Name City State Date Graduating Degree

College/University _____
Name City State Date Graduating Degree

College/University _____
Name City State Date Graduating Degree

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

RECOGNITION

High school honor/awards _____

Name of high school counselor _____

Telephone number of high school counselor _____

College
Honors/awards/papers authored _____

Medical/Nursing Schools
Honors/awards/papers authored _____

Admissions Office Telephone Number _____

How did you hear about the Sinkler Miller Medical Association Scholarship Program?
(i.e. guidance counselor, website, scholarship directory)

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:

Sinkler Miller Scholarship Committee

c/o Ralph Melton, M.D.

401 29th St., Suite 206

Oakland, CA 94609

Or

Fax: 510-835-0738

Or

Email: kathyennix@aol.com

Please put in Subject line SMMA 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 as a senior in high school, or a medical or nursing student for the 2010-2011 academic year and am eligible to receive scholarships granted under this program. I hereby authorize 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.

AUTHORIZATION FOR RELEASE OF RECORDS

To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, permission is hereby given to applicant's school officials to release the applicant's secondary and tertiary school records and other requested information for consideration in the program.

Applicant Signature: (required) _____ Date _____

Parent or Guardian Signature _____ Date _____

(Required if applicant is under 18 years of age)