



BPF-Black Physicians Forum Medical Student Scholarship APPLICATION FORM

This Application Form is to be completed by those medical students who are applying for the Medical Student Scholarship. The completed BPF Medical Student Scholarship application Form and all required supporting documents (noted within this form and posted also at www.sacculturalhub.com/bpf-scholarships) must be submitted in .pdf format via e-mail and sent to bpfscholarship@sacculturalhub.com by 12 midnight on May 2nd, 2016. Please review and complete all areas of this application form that includes: application information, instructions, awards recognition and winner notification, and the submission checklist. **Type or print all entries in ink.**

APPLICANT INFORMATION

First Name: _____ Last Name: _____

Permanent Mailing Address: _____

Day Phone: _____ Cell Phone: _____

E-mail: _____ Birthdate: _____

College attended: _____ Graduation Date: _____

College major: _____

Medical school attending: _____

Medical school address: _____

Anticipated year of graduation: _____

Anticipated residency specialty: _____

Geographic location you plan on working in upon completion of your residency: _____

On a separate, attached page, please describe why you believe yourself to be a deserving candidate for this scholarship (e.g. - your personal statement; not to exceed 500 words).



AWARDS RECOGNITION & WINNER NOTIFICATION

There will be two (2) BPF Medical Student Scholarship Awards announced by May 30, 2016. Notifications will be received via e-mail and/or by phone by June 15, 2016. Scholarship award payments will be issued by mail in July 2016.

SUBMISSION CHECKLIST of All Required Documents to be sent electronically as a .pdf to bpfscholarship@sacculturalhub.com by 12 midnight on May 2nd, 2016.

___ YES, I have included a completed and signed copy of the BPF Medical Student Scholarship Application.

___ YES, I am an African American medical student and I have included documentation included for proof of enrollment in an accredited medical program (Stanford University, Touro University, UC Davis School of Medicine or UCSF School of Medicine) leading to a degree of medical doctor or doctor of osteopathy.

___ YES, I have included two (2) letters of reference from persons: 1) mentor and/or educator from your medical school and 2) Personal character reference (not a person related to you).

___ YES, I have included my Curriculum Vitae.

___ YES, I have included my 500-word Personal Statement or Personal Essay (in response to the question of "why you believe yourself to be a deserving candidate of this scholarship).

Note: If selected to receive a BPF Scholarship, Sac Cultural Hub will request your photo and reserves the right to use your picture and information on the Internet and in print format.

Signature of applicant: _____ Date: _____