



# RESIDENT & FELLOW DEBT RELIEF AWARD APPLICATION

## Instructions

Please review the full packet of information, application materials, and requirements. **Complete and submit the required materials to [scholarships@rainbowchamber.com](mailto:scholarships@rainbowchamber.com) by August 15, 2026.**

Application submissions received after the deadline or missing any of the required items will not be considered.

## Scholarship Purpose

The Rainbow Chamber Foundation's Resident & Fellow Debt Relief Award was established, in collaboration with UC Davis Health, to provide financial relief to LGBTQ+ and LGTBQ+ supportive resident and fellow physicians actively in a healthcare training program.

## Our Mission Statement

The Rainbow Chamber Foundation was established as a 501(c)(3) non-profit organization in 2007 with the mission to provide scholarships, awards, and programs that promote career growth and professional development benefitting LGBTQ+ individuals and allies in the greater Sacramento Region in partnership with the Sacramento Rainbow Chamber of Commerce.

Questions? Email  
[scholarships@rainbowchamber.com](mailto:scholarships@rainbowchamber.com)



## Scholarship Information

- Applications will be accepted April 1, 2026 through August 15, 2026.
- Funds are available to LGBTQ+ and LGBTQ+ supportive resident and fellow physicians in an active healthcare training program.
- LGBTQ+ identifying and LGBTQ+ allied resident and fellow physicians in a healthcare training program are welcome to apply.
- The award value is \$1,500. Based on the number of applications received, there may be up to two awards provided for two separate selected applicants.
- Scholarships are paid in one installment and will be awarded at our annual Boas and Bow Ties Gala on October 22, 2026.
- **SAVE THE DATE** October 22, 2026: All selected scholarship recipients plus one guest will be invited to attend the Sacramento Rainbow Chamber of Commerce Annual Boas & Bow Ties Gala.

## Eligibility Requirements

- Must reside in and attend an active resident or fellow physicians training program in the following counties: Sacramento, Amador, Butte, Calaveras, Colusa, El Dorado, Nevada, Placer, Plumas, San Joaquin, Sierra, Solano, Stanislaus, Sutter, Tuolumne, Yolo, or Yuba.
- Must be in an “active” status of a current resident or fellow physician training program; OR have been offered and accepted to a residency or fellowship training program by August 15, 2026.

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*Sacramento*



RAINBOW CHAMBER OF COMMERCE  
SCHOLARSHIP FOUNDATION

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## Awards & Conditions

A minimum of \$10,000 in funds will be awarded across all scholarship and award areas.

- Selected awardees will be notified in writing or by phone call in September. Each selected awardee will receive no less than \$1,500. The scholarship/award will be paid in one installment.
- Selected awardees agree that the Foundation may post their photographs, names, and associated award area on the Foundation's website. An applicant may, without an adverse impact on the consideration of their application, request that their personal information remain confidential.

## Selection Process

Scholarship award decisions are made by the Rainbow Chamber Foundation Scholarship Committee. Awardees will be selected based on the following criteria:

- Quality of content and written expression in essay.
- History of involvement with the LGBTQ+ community or in related issues and activities.
- Quality of letters of recommendation.



## Application Submission Checklist

Using the check list below, please prepare your application packet for submission.

The following documents and actions are required for the scholarship application submission process.

- Complete the General Application
- Prepare a Biography Statement
- Prepare a Personal Reflection Essay
- Provide Letter(s) of Recommendation
- Provide Email/Letter confirming enrollment status
- Email the above materials to [scholarships@rainbowchamber.com](mailto:scholarships@rainbowchamber.com) by August 15, 2026.**

***Submissions missing or providing incomplete evidence of any of the above items will not be considered.***



# General Application

Please complete all applicable sections of the application below.

## **Personal Information**

Legal Name:

Lived Name (if different from above):

Date of Birth (MM/DD/YYYY):

Street Address:

City:

State:                      Zip Code:

Email Address:

Phone Number:

Name of Parent/Guardian if Under 18 (Mark N/A if over 18):

## **Current Enrollment Information**

Name of high school, vocational school, or college:

School Address:

City:

State:                      Zip Code:

College Major or Program Discipline:

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**\*\*High School Senior Students Only\*\***

Name of Anticipated College:

School Address:

City:

State:                      Zip Code:

**Confidential Application Disclosure**

An applicant may, without an adverse impact on the consideration of their application, indicate in writing that their personal information remains confidential. In such an event, attendance at the dinner will not be required, the recipient will not be identified by name at the event, and the Foundation will not place that recipient's information on the Foundation's website. However, the Foundation cannot further guarantee confidentiality outside of the areas listed above.

Do you request your application to be confidential?

- Yes
- No

**Advertising Information**

How did you hear about this scholarship opportunity?

- Email Listserv
- Sacramento Rainbow Chamber Social Media Channels



Other Social Media Channels

### **Extracurricular and/or Community Service Activities**

Please provide an overview of extracurricular and/or community service activities in the LGBTQ+ community or in related issues and activities. Please list the most recent activity or service first.

#### **Title of Position or Role:**

Name of Organization or Service Activity:

Organization Address:

City:

State:                      Zip Code:

Start Date:

End Date:

Description or Duties:

Organizational or Service Activity Reference Name:

Reference Contact Information (email and/or phone number):

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#### **Title of Position or Role:**

Name of Organization or Service Activity:

Organization Address:



City:

State:                      Zip Code:

Start Date:

End Date:

Description or Duties:

Organizational or Service Activity Reference Name:

Reference Contact Information (email and/or phone number):

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**Title of Position or Role:**

Name of Organization or Service Activity:

Organization Address:

City:

State:                      Zip Code:

Start Date:

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SCHOLARSHIP FOUNDATION

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## Additional Required Materials

### **Biography Statement**

Please prepare and provide a brief biography statement. Tell us about yourself and include why you are pursuing or interested in your major.

Please also include the following information:

- Phonetic pronunciation of your first and last name
- Pronouns
- School name and course of study

### **Personal Reflection Essay**

Please prepare and provide an essay (500 words minimum; 2-page maximum) responding to the following prompt:

*Reflect on a moment when your identity as an LGBTQ+ individual - or your role as an ally - shaped your worldview, strengthened your resilience, or influenced your aspirations.*

*Describe how this experience contributed to your personal growth, community engagement, and long-term goals. Share how the LGBTQ+ community has supported or inspired your path toward higher education and what motivated you to pursue a career in healthcare.*

*Explain why you're seeking this scholarship, highlight the ways you've made a meaningful impact within the LGBTQ+ community, and discuss how you plan to*



*advocate for and support LGBTQ+ individuals throughout your future work in healthcare.*

### **Letter(s) of Recommendation**

Gather and provide a minimum of one Letter of Recommendation from an academic faculty advisor or mentor. Please ensure the letter is on business/organizational letterhead and is signed by the letter writer.

### **Proof of Enrollment**

Gather and provide documents confirming enrollment status. This documentation may include enrollment or program acceptance confirmation by email or letter. The documentation provided must include the associated resident or fellow physician training program's start date and enrollment/admissions contact information for validation of enrollment status.

**Email general application and all required materials to**

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**by August 15, 2026.**

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