

PALMER FAMILY HealthCare Education SCHOLARSHIP APPLICATION

Due by: August 16, 2024

Mission Statement:

The Rainbow Chamber Foundation's Palmer Family HealthCare Education Scholarship was established in memory of Mary & Frank Palmer. Aiding LGBTQ+ and allied healthcare students is Frank and Mary's way of showing appreciation for the selfless and compassionate care they received from nursing staff during their final years.

General Scholarship Information:

- Funds are available to LGBTQ+ and LGBTQ+ supportive students.
- Scholarships are \$1,500. A minimum of one Super Scholar will be selected for a \$2,500 Scholarship.
- Scholarships are paid in one installment and will be awarded at our annual Boas and Bow Ties Gala.
- Graduating High School Seniors, Vocational, Undergraduate, and Graduate students are welcome to apply.
- Applications will be accepted April 15th, 2024 through August 16th, 2024.
- SAVE THE DATE- October 10th, 2024: All selected scholarship recipients plus one guest are invited to attend the Sacramento Rainbow Chamber of Commerce Annual Boas & Bow Ties Gala. In the event social gatherings are still being limited, the awards will be presented virtually.

Requirements:

- Must reside in or attend school 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 enrolled in 12th grade of high school, college, or a qualified vocational school by fall 2024.

 $Please\ submit\ your\ questions\ to:\ scholarships @rainbowchamber.com$



General Application

Name:	Date of Birth:			
Phone Number:	Email Addre	ess:		
Street Address:				
City:	State	:	Zip Code:	
Name of Parent/Guardian if	Under 18 (Mark N/A if o	ver 18):_		
Name of high school, vocation	nal school, or college:			
School Address:				
City:	State	:	Zip Code:	
Major:				
	High School St	ıdents On	ly	
Name of Anticipated College:				
School Address:				
City:	State	:	Zip Code:	
Confidential Application Disc	closure:			
writing on the application that will not be required, the recip	at any award remain con pient will not be identific information on the Fou	fidential. ed by nam	ation of their application, indi In such event, attendance at the e at the dinner, and the Found rebsite. However, the Foundat	he dinner lation
Do you request your applicat	ion to be confidential?	Yes	No	



Extracurricular and/or Community Service Activities, List Most Recent First

1. Name of Organization or Activity	7 :		
Organization Address:			
City:	State:	Zip Code:	
Start Date:	End Date:		
Description or Duties:			
Reference Name:	Reference Contact	Info:	
Leadership Position Held (If Applicable)	:		
2. Name of Organization or Activity	y :		
Organization Address:			
City:	State:	Zip Code:	
Start Date:	End Date:		
Description or Duties:			
Reference Name:	Reference Contact	_Reference Contact Info:	
Leadership Position Held (If Applicable)	:		



Organization Address:		
City:	State:	Zip Code:_
Start Date:	End Date:	
Description or Duties:		
Reference Name:	Reference Contac	t Info:
Leadership Position Held (If App	licable):	
4. Name of Organization or A	Activity:	
Organization Address:		
City:	State:	Zip Code:
Start Date:	End Date:	
Description or Duties:		



Additional Requirements

Please attach the following to your submission email:

- Short Bio: Please tell us about yourself and include why you are pursuing or interested in your major?
- Personal Essay (500-600 Words) using one of the following topics:
 - Future Goals
 - o How have you made a difference in the LGBTQ+ community?
 - o How had the LGBTQ+ community helped you in your quest for higher education?
- A minimum of one Letter of Recommendation.
- Answers to the following questions:
 - o What compelled you to apply for this scholarship?
 - o How has the LGBTQ+ community impacted your life?
 - o What are your future plans?
 - o If you had a boat, what would you name it?
 - o What is the most useless talent you have?
 - o Who has inspired you the most?
- Also, please include the following information:
 - Phonetic spelling of your name
 - o Pronouns
 - Course of study and school name



Completion Checklist

☐ General Application
☐ Extracurricular/Community Service Activities
□ Short Bio
□ Personal Essay
☐ Letter(s) of Recommendation
☐ Answers to questions/additional information

Submit completed application to:

scholarships@rainbowchamber.com

