

Sacramento



RAINBOW CHAMBER OF COMMERCE
SCHOLARSHIP FOUNDATION

Resident & Fellows Debt Relief Award APPLICATION

Due by: August 15th, 2025

Mission Statement:

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

General Award Information:

- Funds are available to LGBTQ+ and LGBTQ+ allied resident and fellow physicians in an active healthcare training program.
- LGBTQ+ identifying and LGBTQ+ allied resident and fellow physicians actively 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 (2) awards provided for two (2) separate selected applicants.
- Scholarships are paid in one installment and will be awarded at our annual Boas and Bow Ties Gala.
- **Applications will be accepted April 1st, 2025, through August 15th, 2025.**
- **SAVE THE DATE – October 9th, 2025:** All selected recipients, plus one guest, will be invited to attend the Sacramento Rainbow Chamber of Commerce Annual Boas & Bow Ties Gala.

Requirements:

- Must be in an “active” status of a current resident or fellow physician training program; OR have been offered, accepted, or matched to a residency or fellowship training program by August 15, 2025.
- 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.

Please submit your questions to: scholarships@rainbowchamber.com

General Application

Name: _____ Date of Birth: _____

Phone Number: _____ Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Name of residency/fellowship training program school, or college: _____

Graduate Medical Education Program Coordinator Name: _____

Graduate Medical Education Program Coordinator Email: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Residency Training Program Year (mark N/A if in Fellowship): _____

Fellowship Program Year (mark N/A if in Residency): _____

Fellowship Training Program Specialty Areas (mark N/A if in Residency): _____

How did you hear about this scholarship opportunity?:

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Confidential Application Disclosure:

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

Do you request your application to be confidential? Yes No

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

1. Name of Organization or Activity: _____

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: _____

Organization Address: _____

City: _____ State: _____ Zip Code: _____

Start Date: _____ End Date: _____

Description or Duties:

Reference Name: _____ Reference Contact Info: _____

Leadership Position Held (If Applicable): _____

3. Name of Organization or Activity: _____

Organization Address: _____

City: _____ State: _____ Zip Code: _____

Start Date: _____ End Date: _____

Description or Duties:

Reference Name: _____ Reference Contact Info: _____

Leadership Position Held (If Applicable): _____

4. Name of Organization or Activity: _____

Organization Address: _____

City: _____ State: _____ Zip Code: _____

Start Date: _____ End Date: _____

Description or Duties:

Reference Name: _____ Reference Contact Info: _____

Leadership Position Held (If Applicable): _____

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Additional Requirements

Please attach the following to your submission email:

- **Short Bio:** Please tell us about yourself and include why you are pursuing medicine? Please also include the following information:
 - Phonetic spelling of your name
 - Pronouns
 - School name and course of study
- **Personal Essay** (500 words minimum; 2-page maximum) responding to the following prompt:
 - Describe a time when your identity as an LGBTQ+ individual or ally shaped your perspective, resilience, or aspirations. Reflect on how this experience influenced your personal growth, community involvement, and goals. Additionally, explain how the LGBTQ+ community has impacted your journey toward higher education and what inspired you to pursue a career in healthcare. Discuss why you are applying for this scholarship, how you've made a difference within the LGBTQ+ community, and how you plan to advocate for and support the LGBTQ+ community in your future healthcare career.
- **Personal reflection statement:** Please provide a brief statement (250 words or less) to one (or both) of the following prompts:
 - If you could have dinner with any LGBTQ+ icon (past or present) who would it be and why?
 - What was a small act of kindness that had a big impact on you?
- A minimum of one Letter of Recommendation/Support from faculty advisor or mentor.
- Email/Letter confirming resident or fellow physician training program status. Must include training program start date and contact information for validation of “active” status.

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Completion Checklist

- General Application
- Extracurricular/Community Service Activities
- Short Bio
- Personal Essay
- Personal Reflection Statement
- Letter(s) of Recommendation
- Email/Letter confirming resident or fellow physician training program status.

Submit completed application to:

scholarships@rainbowchamber.com

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