

Sacramento



RAINBOW CHAMBER OF COMMERCE
SCHOLARSHIP FOUNDATION

Palmer Family
Health Care
Education
Scholarship
APPLICATION

Due by: August 15, 2025

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 1st, 2025 through August 15th, 2025.**
- **SAVE THE DATE- October 9th, 2025:** All selected scholarship recipients plus one guest will be invited to attend the Sacramento Rainbow Chamber of Commerce Annual Boas & Bow Ties Gala.

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 college, or a qualified vocational school by August 15th, 2025.

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

Name of high school, vocational school, or college: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Major: _____

How did you hear about this scholarship opportunity?:

High School Students Only

Name of Anticipated College: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

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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): _____

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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): _____

Sacramento



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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 or interested in your major? Please include the following information:
 - Phonetic spelling of your name
 - Pronouns
 - School name and course of study
- Personal Essay (500-600 Words) 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.
- Email/Letter confirming enrollment status. Must include program start date and contact information for validation of enrollment status.

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SCHOLARSHIP FOUNDATION

Completion Checklist

- General Application
- Extracurricular/Community Service Activities
- Short Bio
- Personal Essay
- Personal Reflection Statement
- Letter(s) of Recommendation
- Email/Letter confirming enrollment status.

Submit completed application to:

scholarships@rainbowchamber.com

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