

## ***Illinois Legislative Black Caucus Foundation 2022 Representation Matters Grant (Health)***



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The Illinois Legislative Black Caucus Foundation (ILBCF) is dedicated to protecting, developing, and advancing black communities around Illinois. The Illinois Legislative Black Caucus Foundation was incorporated in 2005 to serve as a communication link between the Illinois Black Caucus and the African American community.

Our goal is to provide educational resources and financial opportunities for African American students throughout Illinois. Since our inception, we have successfully awarded over **\$1,000,000** in undergraduate scholarship support to deserving students!

In its commitment to supporting black students who have entered the medical profession, the ILBCF is offering a **\$5,000** grant. We understand the critical impact medical school debt has on graduates and we want to help relieve some of that burden. The recipient of this grant award may put the funding towards previous academic debt. The Illinois Legislative Black Caucus Foundation fully funds this scholarship.

The chosen recipient will have a seat on a Brain Trust that will meet quarterly. Serve as an expert on legislative subject matter pertaining to health.

### **All applicants must:**

- ✓ Must be a part of the Illinois medical district
- ✓ Must be willing to sign a 1-year memorandum of agreement (MOA).
- ✓ The applicant must be a resident practicing in an area that serves over 30% of the black population in Illinois
- ✓ The applicant has shown dedication to giving back to their community by serving in marginalized, underserved communities of color throughout Illinois
- ✓ Submit a photo of yourself
- ✓ Submit a copy of Doctoral Degree
- ✓ Submit scanned copy of official transcripts
- ✓ Submit a copy of your voters' registration
- ✓ Submit two 1200-word essays must be submitted by Nov. 11, 2022, the essays will be on two different topics:
  - What are the barriers or rewards to serving marginalized/underserved communities in Illinois?
  - If chosen to receive this grant, how would the \$5,000 contribute to your career trajectory?
- ✓ Submit a minimum of 3 recommendation letters from medical supervisor, faculty member from medical school, and a recommendation letter of support from either a local Senator, local Representative, and or community leader

### **Application Procedure**

Applications are accessible via the [www.ILBCF.org](http://www.ILBCF.org) | [Illinois Legislative Black Caucus Foundation](#).

### **Application Deadline**

Completed application and supporting materials must be postmarked by December 1, 2022. Applicants that meet all requirements will be invited to have a virtual interview prior to selection. Please note that only applicants chosen to receive an award will be notified by letter.

# ILLINOIS LEGISLATIVE BLACK CAUCUS FOUNDATION

**Submit Application to:** Please scan and email all the above listed materials **in the requested order** to [info@ilbcf.org](mailto:info@ilbcf.org) and in the subject line place RE: 5K Grant Medical Professional.

Please complete the following information.

## PERSONAL DATA:

Full Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Permanent Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Emergency Number \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_ Place of Birth \_\_\_\_\_ Age \_\_\_\_\_

Email Address \_\_\_\_\_

Please tell us how you learned about the ILBCF 5K Grant for recent Medical Professionals

\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION:

\_\_\_\_\_  
\_\_\_\_\_ Current Status? \_\_\_\_\_

Name of College (Undergraduate)      Address  
\_\_\_\_\_  
\_\_\_\_\_ MD / DO? \_\_\_\_\_

Name of College (Medical)      Address  
\_\_\_\_\_  
\_\_\_\_\_ MD / DO? \_\_\_\_\_

If in Medical school or Residency, how far along are you? \_\_\_\_\_

List of academic and community achievements

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List your medical focus \_\_\_\_\_

Policy recommendations –

– Please provide a 1500 or less word essay describing the specific requirements above (you may choose any medical public health policy issue provided above, plus the standard essay request). On a separate sheet

**CERTIFICATION:** I hereby certify that all information in this application is true and accurate.

\_\_\_\_\_  
Applicant Name (print)      Date

\_\_\_\_\_  
Applicant Signature      Date