

Sunrise Scholarship Board Approval Package

2026–2027 Program

Purpose of This Package

This package is prepared for review and approval by the Medicine Connect Board. It establishes the governance, eligibility, scoring, verification, conflict-of-interest, consent, recordkeeping, and administrative procedures for the Medicine Connect Sunrise Scholarship.

Proposed Awards

Category	Awards
Health & Medical Knowledge Communication	3 scholarships × \$500
Community Health Contribution	3 scholarships × \$500
Total	6 scholarships / \$3,000

Board Actions Requested

- Approve the 2026–2027 Medicine Connect Sunrise Scholarship program and total award budget of \$3,000.
- Approve the Official Rules & Selection Policy included in this package.
- Authorize the Scholarship Selection Committee to administer scoring, verification, conflict review, and recipient selection under the approved rules.
- Authorize Medicine Connect officers or their designees to make the six \$500 awards after final selection.
- Require maintenance of scholarship applications, scoring records, conflict disclosures, award approvals, and payment records.

Program Principles

- Open to eligible Middle School, High School, College, and Medical School students of all racial, ethnic, cultural, and national backgrounds.
- Selection is merit- and contribution-based and uses published scoring standards.
- Medicine Connect affiliation or leadership title alone does not earn points; actual verified work, leadership, contribution, and impact are evaluated.
- Qualifying non-Medicine Connect community health activities are evaluated under the same substantive standards as Medicine Connect activities.
- Selection Committee members must disclose conflicts and recuse when required.

Board Resolution

RESOLVED, that the Board of Medicine Connect, Inc. approves the 2026–2027 Medicine Connect Sunrise Scholarship Program, the Official Rules & Selection Policy, the scoring systems, and the related administrative forms contained in this package, subject to applicable law and any non-material administrative clarifications necessary for fair implementation.

Board Approval Date: _____

Board Chair / Authorized Officer: _____

Signature: _____