



## BETH BROWN MEMORIAL FOUNDATION SCHOLARSHIP APPLICATION

DEADLINE: MARCH 1

SUBMIT:

Via email: [cbb3009@gmail.com](mailto:cbb3009@gmail.com)

subject: BETH BROWN APPLICATION

Mail: c/o Catherine Brinnon

3009 Stonehaven Dr., Springfield, OH 45503

### ALL APPLICANTS:

Name: _____	Birth date: _____
Current Address: _____	
email: _____	
Phone Number: Home ( _____ ) _____ - _____	Cell ( _____ ) _____ - _____
Today's Date: _____	AREA of INTEREST (e.g. nursing, M.D. etc.): _____

### NEW APPLICANTS (i.e., Seniors in Champaign County High Schools)

High School Attended: (Include transcript.)					
Graduation Date:	Total in Class:	Your Rank:	OVERALL GPA:		
BEST SCORES (attach documentation)	<u>ENG</u>	<u>MATH</u>	<u>READING</u>	<u>SCI</u>	<u>COMPOSITE</u>
ACT:					
(If applicable)	<u>READING</u>		<u>MATH</u>		
SAT:					

### RENEWAL APPLICANTS (currently enrolled in an accredited university/college program)

Currently attending: (Include transcript.)		
Full Time Student (Circle one)  YES    NO	Expected Graduation Date:	Major:
No. credit hrs. complete (Do not include current hrs.):	Overall GPA (cumulative)	

**ALL APPLICANTS:**

Have you completed your **FAFSA**? What is your **STUDENT AID INDEX** value (SAI) \_\_\_\_\_

List school(s) you are likely to attend or are attending. FAFSA reports include COA (Cost of Attending).

School	COA (Cost of Attending)

**In this next year, how are you planning to pay for your education? Give approximate percentages.**

Parents / Relatives	Personal Savings	Scholarships / Grants	Student Loan	Other	= 100 %
% <input type="text"/>	% <input type="text"/>	% <input type="text"/>	% <input type="text"/>	% <input type="text"/>	

**ADDITIONAL INFORMATION: Use the following format: 10 pt. or higher, 1.5 line space or more**

**File naming format:** <lastname.firstname>.BBMF.<year>.<applicationpart>.doc (or pdf)

**Example:** Smith.Denise.BBMF.2023.Essay.doc. OR Smith.Denise.BBMF.2023.Activities.doc (or pdf)

**NEW APPLICANTS:**

- List school related extra-curricular activities by year
- List activities and/or responsibilities at home and in the community by year
- List employment and **career-oriented** activities by year
- How a college education will help you achieve these goals.
- Share who or what influenced you to aspire to a career in the healing arts.
- Highlight those experiences that have encouraged you to pursue a degree in a medical field. Include any work, classes or job shadowing experience.
- Your educational plan as you write about the career or life work you want to pursue.

Include a 1-3 page type written essay which describes the following topics:

- What a college education means to you.
- What your short and long term goals are including your college goals.

**RENEWAL APPLICANTS:**

include a 1–3-page typed essay which covers the following topics:

- What your experience in college has been, successes and failures.
- Have you continued on your original path of pursuing the healing arts? Why or why not?
- How would an additional gift from Beth Brown Memorial Foundation help you

**LETTERS of RECOMMENDATION: (Note update)**

**(Optional for NEW APPLICANTS, required for RENEWALS)**

At least one letter of recommendation (two letters are preferred but more than three) from a current professor or a non-family member who can speak to your work ethic, commitment to your path in the healing arts, your character.

SUBMIT:

Via email: [cbb3009@gmail.com](mailto:cbb3009@gmail.com)

subject: Beth Brown Scholarship Letter of Recommendation for (student's name)

OR

Mail: c/o Catherine Brinnon

3009 Stonehaven Dr., Springfield, OH 45503

List who has written a letter for you:

1 required	Name	Mailing address	
	Occupation	Phone	email
2 optional	Name	Mailing address	
	Occupation	Phone	email
3 optional	Name	Mailing address	
	Occupation	Phone	email

The Beth Brown Memorial Foundation committee will review all applications before mid-April. New applicants will be contacted for an interview during this time.