



## 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<br>(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)<br><br>YES      NO       | Expected Graduation<br>Date: | Major: |
| No. credit hrs. complete<br>(Do not include current hrs.): | Overall GPA (cumulative)     |        |

Pg. 1 of 3 **NOTE:** The deadline of March 1st includes: three letters of recommendation; ACT and/or SAT scores; transcripts and completed application sent to the address above. Incomplete applications will NOT be considered.

Updated Application: 11/16/21

**ALL APPLICANTS:**

Have you completed your [FAFSA](#)? What is your EFC (Estimated Family Contribution) \_\_\_\_\_

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

| School | COA (Cost of Attending) |
|--------|-------------------------|
|        |                         |
|        |                         |
|        |                         |
|        |                         |

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

|                        |                        |                        |                        |                        |         |
|------------------------|------------------------|------------------------|------------------------|------------------------|---------|
| 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"/> |         |

**On attached sheets, type the following: (Format: 10 pt. or higher, 1.5 line space or more)**

**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:**

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

Three (3) Letters of Recommendation are required. References may be personal or professional.

(Letters must be sealed in envelopes and signed by the recommender across the seal. Letters may also be scanned, sent in a .pdf file, and/or sent from a verifiable email address.)

Please list who has written a letter for you:

|   |            |                 |       |
|---|------------|-----------------|-------|
| 1 | Name       | Mailing address |       |
|   | Occupation | Phone           | email |
| 2 | Name       | Mailing address |       |
|   | Occupation | Phone           | email |
| 3 | 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.