



BETH BROWN MEMORIAL FOUNDATION SCHOLARSHIP APPLICATION

DEADLINE: MARCH 15

SUBMIT:

Via email: 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)	

Pg. 1 of 3 **NOTE:** The deadline of March 15th 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: 1/1/2021

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.)

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.