**The Beth Brown Memorial Foundation, Inc.**  **Scholarship Application**

Deadline for submitting this application is **March 15th**
Mail to: The Beth Brown Memorial Foundation,

C/O Mary Neal Miller, Chairman
312 West Baird Street, P. O. Box 647, West Liberty, Ohio 43357

Or scan and email to marynealmivision@woh.rr.com

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

**NEW APPLICANTS:**

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

To what schools have you applied? What are YOUR anticipated costs for each school?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School | 1 yr. Tuition (YOUR COST) | Room / Board (YOUR COST) | Books | Labs |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|  |  |  |  |  |
|   |   |   |   |   |

**RENEWAL APPLICANTS:**

|  |
| --- |
| 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 |

**ALL APPLICANTS:**

Please list other scholarships for which you have applied, the amounts and whether or not the scholarship has been awarded to you. If you have not been informed at this time, please indicate this with uncertain.

|  |  |  |
| --- | --- | --- |
|                                                           Scholarship | Amount | Awarded (Y/N/?) |
|    |    |  |
|  |    |    |
|   |  |  |
|    |    |  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Parents / Relatives | Personal Savings | Scholarships / Grants | Student Loan | Other  |   |
| % |   |  | % |   |  | % |   |  | % |   |  | % |   |  | = 100 % |

What is your DEPENDENCY STATUS as entered in FAFSA? DEPENDENT INDEPENDENT

If dependent, please provide as much information as possible about your family:

|  |  |
| --- | --- |
|  Father: | Mother: |
| Address: | Address: |
|  |  |
| Phone | Phone |
| Email | Email |
| Occupation | Occupation |

Siblings

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Age | Live at home? (Y/N) | School (Grade) / Work |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**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

Please attach a 1-2 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.
* How a college education will help you achieve these goals.
* Please share who or what influenced you to aspire to a career in the healing arts.
* Please highlight those experiences that have encouraged you to pursue a degree in a medical field. Include any work, classes or job shadowing experience.
* Include your educational plan as you write about the career or life work you want to pursue.

**Renewal Applicants:**

* Share 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 the foundation help you?

**All Applicants**: Please attach a recent photo.

**LETTERS of RECOMMENDATION: (required for NEW APPLICANTS, optional for RENEWALS)**

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

(Letters of recommendation must be sealed in their own 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 |