Teaching Scholarship application

**HISTORY:** Dr. Monica Brown founded the M.L. Brown Foundation in August 2015 to meet the medical and educational needs of underserved communities of color nationally and abroad. It was renamed in late 2016 The Brown Medical and Educational (MAE) Foundation in honor of Dr. Brown’s late mother Mae Z. Brown. The foundation has been active in various communities, providing school supplies and medical services.

**MISSION STATEMENT:** To provide healthcare and educational support nationally and internationally to make lives better.

**ELIGIBILITY AND REQUIREMENTS**
1. Please complete the application form in black or blue ink.
2. Applicants should be a member of one of the following groups: Black/African American, Native American/American Indian, Hispanic/Latin American, or Asian/Pacific Islander.
3. Applicant must have a cumulative equivalent GPA of 3.0 or higher on a 4 point scale.
4. Applicant must submit an official high school transcript in a sealed envelope.
5. Applicant must attach three (3) letters of recommendation. Letters of recommendation should be typed on the official letterhead of the individual. Letters of recommendation are accepted from teachers, guidance counselors, principals, employers and/or community service representatives. Letters of recommendation cannot come from family members.

**PLEASE CHOOSE ONE OF THE FOLLOWING QUESTIONS AND DEVELOP YOUR ANSWER IN AT LEAST 3 TYPED, DOUBLE-SPACED PAGES USING CLEAR, ORIGINAL THOUGHT SUPPORTED BY PERSONAL EXPERIENCES, OBSERVATIONS, AND/OR RESEARCH OF YOUR CHOICE:**

- Describe an experience that influenced your decision to pursue a career in teaching and how it will help in this career choice.
- Describe one example of a leadership or a public service activity of yours that has most impacted your future career decision.

**PLEASE NOTE:** LATE AND/OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.
COMPLETE APPLICATION PACKETS MUST BE RECEIVED (NOT POSTMARKED) BY 4/30/18:

The Brown MAE Foundation Scholarship Committee
Care of Dr. Monica Clark-Reed
P.O. Box 710904
Houston, TX. 77271
The Brown Medical and Educational (MAE) Foundation
TEACHING SCHOLARSHIP APPLICATION

Applicant Name
Last ___________________________________ First __________________________________ MI

Permanent Address ____________________________________________________________

City, State ___________________________ Zip Code ______________________________

Telephone Number(s) (Home/Cell) __________________________ E-mail ______________________

School Attending ______________________ Anticipated Graduation Date _____________

Classification _________________________ Major _________________________________

Degree Pursuing ______________________ G.P.A. ____________ on a ____________ scale

Ethnicity ______________________________ Are you a US citizen or permanent citizen? _____

Please provide a list of schools that you have been accepted to (attach proof of acceptance and
intention to enroll): ______________________________________________________________

Current School Activities: (please provide detailed info and attach a separate sheet if necessary):
________________________________________________________
________________________________________________________

Honors/Awards/Scholarships/Recognitions: (please provide detailed info and attach a separate sheet if
necessary): ______________________________________________________________
________________________________________________________

List your extracurricular and community service activities (please provide detailed info and attach a
separate sheet if necessary):
________________________________________________________
________________________________________________________

List jobs (average # hours/week):
________________________________________________________
STUDENT AFFIRMATION

I, ________________________________ have read and understand the conditions of the scholarship as explained in the eligibility and requirements. I give permission to officials of my institution to release my transcripts of my academic record. I affirm that the information provided on this application is accurate to the best of my knowledge. I affirm that all of this application is my own work and understand that any misrepresentation may constitute fraud, which may result in the loss of eligibility for this scholarship, or which may have other legal consequences.

Student Signature_______________________________________________Date____________________

Late and/or incomplete applications will not be considered. Complete application packets must be received (not postmarked) at the address below by 4/30/18:

GRADING MATRIX

I. Grade Point Average - Maximum 20 pts.
II. 3 Letters of Recommendation – Maximum 9 pts.
III. Extra Curriculum and/or Community Service Activities – Maximum 16 pts.
IV. Student Essay – Maximum 55 pts.

MAXIMUM 100 POINTS POSSIBLE

NOTIFICATION TO APPLICANTS:

The scholarship is not a renewable scholarship. Recipients will be identified as a Brown Medical and Educational Foundation (BMAEF) Scholar and showcased in foundation media. You will be notified by email or letter regarding the status of your application and of further requirements that may be necessary in order to complete the review of your scholarship application, within a week after April 30, 2018. If you are selected to receive a scholarship, you will be notified via email and/or first class mail no later than May 31, 2018. Upon notification, recipients are required to notify the Brown Medical and Educational (MAE) Foundation of their acceptance of the scholarship.

Late and/or incomplete applications will not be considered. Complete application packets must be received (not postmarked) at the address below by 4/30/18:

The Brown MAE Foundation Scholarship Committee
Care of Dr. Monica Clark-Reed
P.O. Box 710904
Houston, TX 77271

If you have any additional questions about this scholarship, you may email info@brownmae.org. Please indicate the name of the Scholarship in the subject line. Thank you and good luck!