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### **NORMAN BROWN Scholarship**

**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 Brown. The Norman Brown scholarship is named in honor of Dr. Monica Brown's father.

**ELIGIBILITY:** The Norman Brown scholarship is for a graduating minority high school students who will be attending a 4 year college or university whose **family's income is at or below the national poverty level based on family size.** (Information can be found on the website for the Department of Health and Human Services).

**REQUIREMENTS:**

1. Please complete the application form in black or blue ink. All information especially the contact information should be LEGIBLE.
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 2.0 or higher on a 4 point scale.
4. Applicant must submit an official college/university transcript in a sealed envelope.
5. Applicant must attach three (3) letters of recommendation. Letters of recommendations should be typed, dated, on official letterhead, and include the contact information of the letter's writer. 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:**

- Discuss a problem or need of society that has impacted you and your family.
- Describe one example of a leadership or public service activity of yours that has most impacted your future career decision.

**PLEASE NOTE: LATE AND/OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. Faxed or emailed applications will not be accepted. COMPLETE APPLICATION PACKETS MUST BE RECEIVED (NOT POSTMARKED) BY 4/30/19:**

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  
NORMAN BROWN SCHOLARSHIP APPLICATION

**Applicant Name**

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Permanent Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number(s) (Home/Cell) \_\_\_\_\_ E-mail \_\_\_\_\_

G.P.A. \_\_\_\_\_ on a \_\_\_\_\_ scale Ethnicity \_\_\_\_\_

**Please provide a list of schools to which you have been accepted (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):**

\_\_\_\_\_  
\_\_\_\_\_

**What is your family's total income (please mark one):** under \$20,000    \$21,000 - \$30,000    \$31,000  
- \$ 40,000    \$41,000 - \$50,000    \$50,000 and over    **What is your family's size?** \_\_\_\_\_

Please be aware that the proof of income will be requested, such as a 1040, W-2, SSI FAFSA, etc.

**PARENT/ 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 \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**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.

**100 POINTS POSSIBLE**

**NOTIFICATION TO APPLICANTS:**

The scholarship is not a renewable scholarship. Recipients will be identified as a Brown Medical and Educational (MAE) Foundation Scholar and showcased in Foundation media. You will be notified by an email or a 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. If you are selected to receive a scholarship, you will be notified via email and/or first class mail no later than May 31, 2019. 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. Faxed or emailed applications will not be accepted. Complete application packets must be received (not postmarked) at the address below by 4/30/19:**

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](mailto:info@brownmae.org). Please indicate the name of the Scholarship in the subject line. Thank you and good luck!**