

## **Healthcare Scholarship application**

<u>HISTORY</u>: 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.

**ELIGIBILITY:** Must be an undergraduate student or graduate student attending an U.S. 4 year college or university pursuing a degree in healthcare (medical, nursing, allied health, etc.).

# **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 2.5 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 <u>AT LEAST</u> 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 healthcare 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. <u>Faxed or emailed applications will not be accepted.</u> COMPLETE APPLICATION PACKETS MUST BE <u>RECEIVED</u> (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 HEALTHCARE SCHOLARSHIP APPLICATION

<b>Applicant Na</b>	me			
LastF		rst	MI	
Permanent A	ddress			
			Zip Code	
Telephone Number(s) (Home/Cell)			E-mail	
School Atten	ding (Provide verification	on)		
Classification			Anticipated Graduation Date	
Major			Degree Pursuing	
G.P.A	on a	scale	Ethnicity	
			ease provide detailed info and a	-
-	acurricular and commuet if necessary):	inity service	activities (please provide deta	iled info and attach a
List jobs (ave	rage # hours/week):			

# 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

## **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 (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. No faxed or emailed applications will be accepted. Complete application packets must be <u>received</u> (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. Please indicate the name of the Scholarship in the subject line. Thank you and good luck!