



---

### **Norman Brown Scholarship**

**HISTORY:** Dr. Monica Brown founded 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. Brown's father.

**ELIGIBILITY:** The Norman Brown Scholarship is for a graduating minority high school student who will be attending a 4 year college or university. The applicant's **family's income must be at or below the national poverty level based on family size for the current year.** (Please check to make sure that you meet the income eligibility before applying. Information can be found on the website for the Department of Health and Human Services). **Citizenship is not required.**

### **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 a high school (and college if applicable) transcript in a sealed envelope. If submitting an unofficial transcript, it must be signed by your counselor, sealed in an envelope with their signature written on the sealed flap and mailed, by your counselor, directly to the Foundation.
5. Applicant must submit three letters of recommendation with their application. Letters of recommendation 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. **It is strongly recommended that you include your recommendations with your application.**

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

- Discuss a societal problem that has impacted you and your family and how this impacts your **financial** need for the Norman Brown Scholarship.

**PLEASE NOTE:** 1. **LATE** and/or **INCOMPLETE** application will not be considered. 2. Applications will not be accepted if **FAXED, EMAILED, or if sent with a SIGNATURE REQUIRED card/request.**

**COMPLETE APPLICATION PACKETS MUST BE RECEIVED (NOT POSTMARKED) BY 4/30/20:**

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 scholarship recipient and showcased on all Foundation media and website(s). **The winning scholarship applicant selected will be named on the Foundation's website and Facebook page, and will also be notified via email no later than May 31, 2020.** 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 4/30/20:**

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!**