



## **Healthcare Scholarship Application**

**ELIGIBILITY:** Must be an undergraduate 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 must be a member of one of the following groups: Black/African American, Native American/American Indian, Hispanic/Latin American, or Asian/Pacific Islander. **Citizenship is not required.**
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/include three 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:**

- 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:** 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**. 3. It is strongly recommended that your recommendations be included **with** your application.

**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**  
**HEALTHCARE SCHOLARSHIP APPLICATION**

**Applicant Name**

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

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

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

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

School Attending (Provide verification/transcript) \_\_\_\_\_

Classification (circle one): Fr/So/Jr/Sr/Grad Anticipated Graduation Date \_\_\_\_\_

Major \_\_\_\_\_ Degree Pursuing \_\_\_\_\_

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

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

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**Honors/Awards/Scholarships/Recognitions (please provide detailed info and attach a separate sheet if necessary):** \_\_\_\_\_

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

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**List jobs (average # hours/week):**

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**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 \_\_\_\_\_

**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 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. No faxed or emailed applications will 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!**