



Healthcare Scholarship Application

ELIGIBILITY: Must be an undergraduate or graduate student attending an U.S. 4 year college or university pursuing a career in healthcare including medicine, nursing, and allied health (PT, OT).

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 an identified member of one of the following groups: Black/African American, Native American/American Indian, Hispanic/Latin American, Asian, or Pacific Islander. U.S. citizenship is 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 submit three (3) letters of recommendation. Letters of recommendations should be typed, dated, on official letterhead, and include the contact information of the letter writer. The letters must be signed by your recommender, sealed in an envelope with their signature written on the sealed flap. 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 ANSWER THE FOLLOWING PROMPT AND DEVELOP YOUR ANSWER IN THREE (3) OR MORE TYPED, DOUBLE-SPACED PAGES (in 12pt font or smaller) USING CLEAR, ORIGINAL THOUGHT SUPPORTED BY PERSONAL EXPERIENCES, OBSERVATIONS, AND/OR RESEARCH OF YOUR CHOICE:

- Describe one example of a **leadership or a public service activity** of yours that has most impacted your future career decision.
6. **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 you include your recommendations with your application but they can be mailed separately.**

**COMPLETE APPLICATION PACKETS MUST BE RECEIVED (NOT POSTMARKED) BY
4/30/25:**

The Brown MAE Foundation Scholarship Committee
Care of: Director Monica Brown
2201 N. Lakewood Blvd. Suite D #613
Long Beach, CA 90815

The Brown Medical and Educational (MAE) Foundation
HEALTHCARE SCHOLARSHIP APPLICATION

Applicant Information (print or type)

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 CURRENT detailed info ONLY. Attach a separate sheet, if necessary.):

Honors/Awards/Scholarships/Recognitions (Please provide CURRENT detailed info ONLY. Attach a separate sheet, if necessary.):

List your current extracurricular and community service activities (Please provide CURRENT detailed info ONLY. Attach a separate sheet, if necessary):

List CURRENT job(s) and include average # hours/week:

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 social medial pages. The recipient will also be notified via email by June 30, 2025.

Upon notification, recipients are required to notify the Brown Medical and Educational (MAE) Foundation of their acceptance of the scholarship **and send a video of 1 minute or less thanking the Foundation for the scholarship. The videos will not be used on the Foundation’s website or social media sites.**

There will be a grading matrix used for evaluating the scholarships. The grading will be **100 points** possible with the student essay scoring maximum 65 points.

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** _____

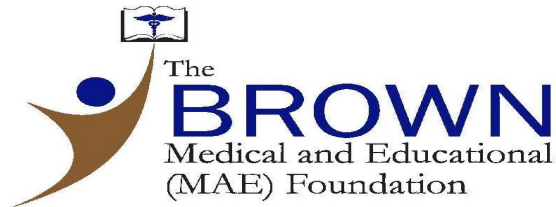
Late and/or incomplete applications will not be considered. Faxed or emailed applications will not be accepted. Complete application packets must be RECEIVED (not postmarked) at the address below by 4/30/25:

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



1. **How do I submit the scholarship applications?** Currently **ALL** scholarship applications must be **MAILED**. The MAILING address is a commercial mailbox. It can be found on the scholarship applications or located on our website at www.brownmae.org. **Do not send FedEx, UPS or other methods that do not deliver to P.O. Boxes/commercial mailboxes.** Do not mail application packets with signature confirmation as this service is not available and your packet may be returned to you. Please mail **ALL** application packets in sufficient time so all required information is **RECEIVED by the April 30th deadline**.
2. **Can the applications be emailed instead?** NO. You must submit the application as instructed on each respective application form in order to apply for a scholarship. **You cannot apply by email.**
3. **Do I have to be a citizen?** Yes.
4. **Can a foreign graduate attending a U.S. college/university for an advanced degree apply for the Education or Healthcare scholarship?** No, you have to be a U. S Citizen.
5. **As a scholarship recipient, can I take a year in between starting at the institution?** NO. Prior to being awarded the scholarship, you must show verification for enrollment for the academic year awarded.
6. **Do I have to attend or be accepted into a 4 year U.S. institution to apply?** YES. All current scholarships are for students attending or accepted into a 4 year U.S. college or university.
7. **Can I mail the recommendations separately or can the recommendation writers mail the recommendations directly to the Foundation?** It is your choice, but it is **strongly recommended** that you include the recommendations with your application. Also, please instruct your recommendation writers on the required format for your recommendations as described on the application. Please give the recommendation writers the form attached to the application.
8. **Do I have to submit an official transcript?** YES. Unofficial transcripts will not be accepted.
9. **I am graduating high school senior, can I apply for the Healthcare or Education scholarships?** NO. You must be enrolled (not recently accepted) in a 4 year U.S. college or university for an undergraduate or graduate degree.
10. **I am pursuing a degree in Social Work or Public Health, can I apply for the Healthcare scholarship?** NO. Applicants must be an undergraduate or graduate student attending an U.S. 4 year college or university pursuing a degree in healthcare including medicine, dentistry, nursing, and allied health (PT, OT).



Recommendation Information

Applicant, _____, is applying for a scholarship provided by the Brown Medical and Educational (MAE) Foundation. Please see the following information and instruction for the scholarships.

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PLEASE NOTE: Recommendations will not be accepted if **FAXED, EMAILED, or if sent with a SIGNATURE REQUIRED card/request.** Recommendations can be sent to applicant in a sealed envelope with your signature written on the sealed flap for submission with their application as it is strongly recommended that their recommendations be included **with** their application. However, the recommendations CAN be mailed separately to the listed address.

RECOMMENDATIONS MUST BE RECEIVED (NOT POSTMARKED) BY 4/30/25:

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