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## **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 including medicine, nursing, and allied health (physical therapy/PT, occupational therapy/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 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 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 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 **recommendation letters be mailed with your application.**

**COMPLETE APPLICATION PACKETS MUST BE RECEIVED (NOT POSTMARKED) BY 4/30/2026:**

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**

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 \_\_\_\_\_

**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. Attach a separate sheet, if necessary.):

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

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

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

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

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

List CURRENT job(s) and include 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 \_\_\_\_\_

**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 social media sites and website(s). **The recipient will also be notified via email by June 30, 2026.** 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 less than 1 minute thanking the Foundation for the scholarship. The video will not be used on the Foundation’s social media sites or website.

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.

**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 4/30/2026:**

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If you have any additional questions about this scholarship, you may email [brownmaescholarships@gmail.com](mailto:brownmaescholarships@gmail.com). Please indicate the name of the Scholarship in the subject line. Thank you and good luck!



## **Scholarship Frequently Asked Questions**

**1. How do I submit the scholarship applications?** Currently **ALL** scholarship applications must be **MAILED**. The MAILING address is a P.O. box. It can be found on the scholarship applications located on our website at [www.brownmae.org](http://www.brownmae.org). There is not a direct mailing address. **Do not send FedEx, UPS or other methods that do not deliver to P.O. boxes.** Do not mail application packets with signature confirmation as this service is not for a P.O. box 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 application be emailed instead? NO.** You must submit an 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,** but not mandatory, 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, nursing, and allied health (physical therapy/PT, occupational therapy/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.

**Healthcare Scholarship:** Must be an undergraduate or graduate student attending an U.S. 4-year college or university pursuing a degree in healthcare.

#### **REQUIREMENTS:**

1. Applicants must be an identified member of one of the following groups: Black/African American, Native American/American Indian, Hispanic/Latin American, or Asian or Pacific Islander. U.S. citizenship is required.
2. Applicant must have a cumulative equivalent GPA of **2.5** or higher on a 4 point scale.
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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, but not mandatory, that their recommendations be included **with** their application.

**COMPLETE APPLICATION PACKETS INCLUDING RECOMMENDATIONS MUST BE RECEIVED (NOT POSTMARKED) BY 4/30/2026:**

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