



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.

Applicants please indicate which scholarship you are applying for in the space provided in front of the scholarship's name:

_____ **Norman Brown Scholarship:** 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).

REQUIREMENTS:

1. Applicants should 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.
2. Applicant must have a cumulative equivalent GPA of **2.0** or higher on a 4 point scale.
3. 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. 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. It is strongly recommended that you include your recommendations **with** your application.

_____ **Healthcare Scholarship:** 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).

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.
2. Applicant must have a cumulative equivalent GPA of **2.5** or higher on a 4 point scale.
3. 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.

_____ **Education Scholarship:** Must be an undergraduate or graduate student attending an U.S. 4 year college or university pursuing a degree in healthcare in teaching or education.

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.
2. Applicant must have a cumulative equivalent GPA of **2.5** or higher on a 4 point scale.
3. 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 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.

COMPLETE APPLICATION PACKETS INCLUDING RECOMMENDATIONS 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