



Big Red Heart Association (BRHA) Scholarship Application 2019

Application due date: April 15, 2019

1. The DEADLINE for scholarship applications is April 15, 2019.
2. Refer to the application process below for a list of the supporting documents needed (i.e., reference letters, evidence of GPA, etc.) Incomplete applications will not be considered.
3. If any question does not apply to you in this application, please put N/A in the space provided.
4. Type or print legibly. Illegible applications will be returned to you.
5. If you have any questions about the application, please contact Dr. Nicole Franklin, BRHA Scholarship Chair by email at nicolefcheer@gmail.com.

PURPOSE The BRHA Scholarship was established in 2017. The mission of the scholarship is to provide financial assistance to individuals that are pursuing a degree in health care at an accredited college or university.

SCHOLARSHIP AWARDS

The BRHA scholarship committee awards scholarships on the basis of a comprehensive process. Areas that are reviewed by the committee include, but are not limited to the following: Academic Accomplishments, Community Service, References, and a Personal Essay. The Committee pays scholarship funds directly to the recipient. Scholarships are awarded annually. The BRHA awards scholarships without regard to race, color, ethnicity, gender or sexual orientation. This year one \$500 scholarship will be awarded.

CRITERIA

- Applicants must be completing or have completed high school successfully with a minimum GPA of 2.5 on a 4.0 scale.
- Applicants must be accepted as a student at an accredited college or university.
- Applicants must complete and submit a Scholarship Application by **April 15, 2019**.

SCHOLARSHIP APPLICANTS MUST PROVIDE

- A completed application form.
- Official proof of academic standing.
- At least 2 letters of reference from a guidance counselor, teacher, and/or another community leader.
- Proof of acceptance at an academic school for post-secondary studies.
- **A 500-word essay** in which the applicant picks an experience from his/her own life and explains how that experience has influenced his/her decision to pursue a career in health care.

SCHOLARSHIP AWARDS

The scholarship winner will be formally announced during the Senior Honors Assembly at Muskegon High School in May of 2019. We would like for the awardee and their guardian to be present at the assembly. Invitations to the Senior Honors Assembly will be sent after the awardee has been notified. If you are an awardee, details on how to receive your award will follow once the committee receives either a copy of your college

student ID or your complete academic schedule from the accredited college or university of your choice.

**Please mail application to:
Big Red Heart Association
Attention: Dr. Nicole Franklin, Scholarship Chair
P.O. Box 4287
Muskegon Heights, MI 49444**

Application 2019-must be filled out by applicant.

Please type on a separate sheet or print your answers below. If application is illegible it will be returned to you.		
1	Last Name:	First Name:
2	Mailing Address: Street: _____	City: _____ State: _____ ZIP: _____
3	Daytime Telephone Number: () Email address: _____	
4	Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA; your most recent official school transcript required.	
5	What specialty do you plan to major in as you continue your education?	

Please list the following information on a separate sheet if needed.

6	SCHOOL EXTRA-CURRICULAR ACTIVITIES: Please list school extra-curricular activities in which you have participated. Note leadership roles and dates.
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7	ORGANIZATIONS: Please list community organizations such as service, volunteer and religious organizations in which you are now active or have previously been active. Note leadership roles and dates.	
8	RECOGNITIONS: Please list important awards and recognitions received. Note organizations presenting honor and date.	
9	<p>A. The following items must be attached to this application in order for the application to qualify to be reviewed by the scholarship committee.</p> <p>B. Your application will be returned to you if these items have not been completed. (No exceptions.) Circle "YES" or "NO" to be ensure you have met all requirements.</p>	
	YES	NO
		<p>Two reference letters. Your references will mail these to: Big Red Heart Association Dr. Nicole Franklin, Scholarship Chair P.O. Box 4287 Muskegon Heights, MI 49444 Or You can include the letters with your application packet.</p>
	YES	NO
		Proof of college acceptance or current student enrollment. A letter of college acceptance or program acceptance is required for receipt of funds.
	YES	NO
		500 word essay in which you pick an experience from your own life and explain how that experience has influenced your decision to pursue a career in health care
	YES	NO
		Answers to questions 1-8

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me to the BRHA scholarship committee is true, correct and without forgery.

I hereby understand that if chosen as a scholarship winner, according to scholarship policy, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

I also consent that my picture may be taken and used for any purpose deemed necessary to promote the BRHA's Scholarship Program.

Signature of scholarship applicant: _____ Date: _____