



# **BROWN COUNTY**

## *Health & Wellness*

# **FOUNDATION**

**2024-25**

### **BROWN COUNTY HEALTH & WELLNESS FOUNDATION HEALTH CAREER SCHOLARSHIP**

#### ***PURPOSE OF THE SCHOLARSHIP***

The scholarship will provide funds to qualified students to assist them in completing his/her degree or certificate at any accredited institution. One \$1000 scholarship will be awarded to a student from each of the five Brown County High School districts who is pursuing a degree or certification in a healthcare field . Applicant must be a 2024 graduating Senior.

#### ***ELIGIBILITY FOR THE SCHOLARSHIP***

- Offered to students pursuing a degree or certification
- Applications will not be processed unless they are complete and received by April 8, **2024**

A complete application includes the following:

1. A typed or printed application
2. A grade transcript, which includes a cumulative grade point average
3. 200-word essay
4. A written recommendation from a teacher.

#### ***WHERE TO APPLY***

Applications will be available in high school Guidance Counselor Offices.

#### ***HOW AWARDS ARE MADE***

1. The committee will review the applications and will make their selection.
2. Applicants will be judged on grades, attendance, ACT score, class rank, and the essay that is included with the application.

#### ***DISBURSEMENT OF THE SCHOLARSHIP MONIES***

Funds will be disbursed directly to the student, once the acceptance letter or other documentation of attendance is received. Please do not put the application in a binder and please use a paper clip to hold the application together.



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**2024-25**  
**BROWN COUNTY HEALTH & WELLNESS FOUNDATION**  
**HEALTH CAREER SCHOLARSHIP**

INSTRUCTIONS: Complete (type or print in ink) and sign this form; return to the Brown County Health & Wellness Foundation, P.O. Box 601, Georgetown, OH 45121 or by email to cropperbecky@hotmail.com no later than April 8, 2024 You must also provide a current grade transcript. All information provided on the application will be treated as confidential.

Name .....

Street Address .....

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ :Zip \_\_\_\_\_

Phone ( \_\_\_\_ ) \_\_\_\_\_ Alternate phone ( \_\_\_\_ ) \_\_\_\_\_

What is your intended course of study/major? \_\_\_\_\_

College/University you plan to attend: \_\_\_\_\_

High School \_\_\_\_\_

Class Rank \_\_\_\_\_ Grade Point Average \_\_\_\_\_ ACT Score \_\_\_\_\_

Please list any school and community activities, honors earned and/or offices held:

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List below all employment you have held (full or part-time). List your most recent employment first.

<b>Firm/Employer</b>	<b>Position</b>	<b>Dates (To/From)</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please complete name, address and phone number for two references:

(1)

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

(2)

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

**ESSAY: On a separate sheet, in 200 words, please explain special skills, character traits, or qualities you possess that set you apart from others and make you a deserving scholarship recipient. Please also include information regarding what you see yourself doing five years from now. Please explain why you want to go into the medical field and why you have chosen the area you plan to pursue.**

I understand that the information contained in this application, the required personal statements, and references will constitute the basis for my consideration for this scholarship. To the best of my knowledge, this information is true.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

**BROWN COUNTY HEALTH & WELLNESS FOUNDATION**  
**ATTN:**  
**Becky Cropper P.O. BOX601 GEORGETOWN, OH 45121**  
**Or email to cropperbecky@hotmail.com**