



## Brevard Heart Foundation Inc.

**MEMO: To Qualified Students Applying For Scholarships:** Must be a Brevard County resident or have graduated from high school while living in Brevard Co.

**From: Roberta Yates, Chairman Scholarship Com., Brevard Heart Foundation**

**This is what you should do to be properly evaluated by our scholarship board.**

**First:** Write a one page letter telling who you are, where you grew up in Brevard County, Florida and your education prior to being accepted in medical, physician assistant, or nursing school. Tell us how you are doing. Feel free to include any other data or letters of reference to confirm your standing or success.

**Second: If you are an incoming first year student, a copy of your letter of acceptance is required.** For other applicants, a copy of your transcripts would be helpful in evaluating your application.

**Third:** Complete form.

**Next:** Check everything for accuracy and attach a "Passport size Picture" of yourself in the upper right hand corner of the top sheet where marked.

**Return:** Postmarked or emailed or faxed by, no later than **July 31<sup>th</sup>** or if a Nancy Meisenheimer Award applicant by date designated by BCC.

I wish you every success in your education and hope that we can grant you a scholarship award.

Sincerely Yours,

Roberta Yates

# Brevard Heart Foundation Inc.

Post Office Box 2151, Melbourne, Florida 32901  
Phone (321) 725-2292 Fax (321) 409-9392  
A corporation not for profit, chartered by the State of Florida

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## STUDENT SCHOLARSHIP APPLICATION

**A.** Social Security Number \_\_\_\_\_ Last Name, First, Middle \_\_\_\_\_ (Maiden) \_\_\_\_\_  
Drivers License No. \_\_\_\_\_ Address \_\_\_\_\_  
Area Code/Telephone Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_ U.S. Citizen? Yes No

\* Please provide a copy of your birth certificate or visa\*

**B.** Have you ever defaulted on an education loan? \_\_\_\_\_ If YES, please explain \_\_\_\_\_

Do you have any outstanding student loans? \_\_\_\_\_ If YES, please indicate current balance: \$ \_\_\_\_\_  
Note Holder(s): \_\_\_\_\_

### **C. 1. NON FAMILY REFERENCE**

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Telephone: Residence \_\_\_\_\_ Work \_\_\_\_\_  
Relationship to student \_\_\_\_\_  
Employer \_\_\_\_\_

### **2. NON FAMILY REFERENCE**

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Telephone: Residence \_\_\_\_\_ Work \_\_\_\_\_  
Relationship to student \_\_\_\_\_  
Employer \_\_\_\_\_

### **3. NON FAMILY REFERENCE**

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Telephone: Residence \_\_\_\_\_ Work \_\_\_\_\_  
Relationship to student \_\_\_\_\_  
Employer \_\_\_\_\_

Name \_\_\_\_\_

BHF Scholarship/Award Application April 2007

**D.** Permanent Home Address (include Zip code)

Telephone Number (include area code)

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

Brevard County resident since: \_\_\_\_\_

No. of siblings in college: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

*(Complete if applicable)*

Date of Marriage: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Name, gender, and age of children \_\_\_\_\_

**E. EMPLOYMENT INFORMATION**

Current Employer: \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ Contact number \_\_\_\_\_

*(EMPLOYMENT HISTORY)*

Company Name	Contact name & Ph. #	From	To	Reason for leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**F. EDUCATIONAL INFORMATION**

High School: \_\_\_\_\_ City, State of High School \_\_\_\_\_

GPA: \_\_\_\_\_ out of \_\_\_\_\_ Year graduated: \_\_\_\_\_

Honors awarded: \_\_\_\_\_

Undergraduate college: \_\_\_\_\_ GPA: \_\_\_\_\_ out of \_\_\_\_\_ Year graduated: \_\_\_\_\_

Honors awarded: \_\_\_\_\_

Extra Curricular activities and/or leadership roles: \_\_\_\_\_

School you will be attending: \_\_\_\_\_ Anticipated graduation date: \_\_\_\_\_

Reason for selection: \_\_\_\_\_

Area of specialization: \_\_\_\_\_

Are there any special circumstances about which the Foundation should be aware: If so, please explain (If more room is needed, please attach a letter of explanation.):

**G.**

**FINANCIAL CRITERIA**

Do your parents still claim you as a dependent on their income tax return? \_\_\_\_\_

If so, Father's estimated yearly income: \$\_\_\_\_\_ Mother's est. yearly income

\$\_\_\_\_\_

**Anticipated schooling costs:**

Expenses: (yearly)	Tuition	\$ _____
	Books	\$ _____
	Housing	\$ _____
	Food	\$ _____
	Other	\$ _____
(Transportation, insurance, etc.)		\$ _____
		\$ _____
Estimated yearly total cost		\$ _____
Less monies from scholarships		\$ _____
Less monies from student loans		\$ _____
Less monies from employment (include spouse)		\$ _____
Less income from other sources		\$ _____
Total needed for school year		\$ _____

**H.** *I certify that the above information is true and complete to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I.** *Briefly explain your future plans, including your reasons for entering this field, anticipated location of your practice and any other pertinent information. Use additional paper if needed.*

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Please check here if you authorize BHF to share your information with partner organizations for the sole purpose of determining if you might be eligible for additional scholarship dollars.