



## Brevard Heart Foundation Inc.

Post Office Box 2151; Melbourne, Florida 32901

Phone (321) 752-2742 Fax (866) 223-2568

[www.brevardheartfoundation.org](http://www.brevardheartfoundation.org)

A corporation not for profit, chartered by the State of Florida

### **Brevard Heart Foundation, Inc. Scholarship Criteria**

#### **Eligibility:**

1. Must be a Brevard County resident or have graduated from a high school while living in Brevard County.
2. Applicant must be enrolled or have applied as a medical school student, nursing student, surgical technologies, physician assistant student, or a nurse practitioner student.

#### **Application Requirements:**

1. High School, College or present official school transcripts.
2. Recent passport size picture of yourself. Photo must be emailed to Brevard Heart Foundation.
3. Proof of Brevard County residency or Brevard HS graduation with a copy of your driver's license showing a Brevard county address, another photo ID showing your Brevard county address, or your Brevard County HS transcript.
4. One page letter telling who you are, your goals, where you grew up in Brevard County.
5. A copy of your acceptance letter to the school you will be or are attending.
6. Three letters of reference including one from your field of academia; include their contact information.
7. A completed Brevard Heart Foundation Scholarship/Award Application

#### **Scholarship Determinations:**

1. Applicant may be called in for an interview.
2. The Brevard Heart Foundation Board decisions shall be final.

#### **Deadline:**

Brevard Heart Foundation must receive your completed application between April 1<sup>st</sup> and **June 15<sup>th</sup>**.

**(Note to BCC students, if you are applying for the Nancy Meisenheimer Award, send your original application packet to Brevard Heart Foundation and a copy to your BCC Nursing Instructors).**

Return your completed application at one time with all requested information by email or fax (do not fax photo or drivers license copy) to:

Brevard Heart Foundation, Inc. Scholarship Committee

Fax # 866-223-2568; Email for applicants only: [applications@brevardheartfoundation.org](mailto:applications@brevardheartfoundation.org)

We wish you every success in your education.

Brevard Heart Foundation, Inc. Scholarship Committee

“Giving Back” to the Brevard Heart Foundation in the future is a way for Brevard Heart Foundation to continue offering other students scholarship opportunities.

# Brevard Heart Foundation, Inc. Scholarship/Award Application

Name \_\_\_\_\_ SS# \_\_\_\_\_  
Last, First Middle Maiden

Permanent Address \_\_\_\_\_ DL#/State \_\_\_\_\_  
Street City State Zip

Telephone Home# (\_\_\_\_) \_\_\_\_\_ Cell #(\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Where Born? \_\_\_\_\_ U.S. Citizen? yes \_\_\_ no \_\_\_

Brevard County Resident? yes \_\_\_ no \_\_\_ Single/Married? (Circle one) Spouse Name \_\_\_\_\_

High School Attended \_\_\_\_\_ GPA \_\_\_\_\_

Undergraduate College \_\_\_\_\_ GPA \_\_\_\_\_

Honors Awarded \_\_\_\_\_

Extracurricular activities and/or leadership roles \_\_\_\_\_

School you will be or are attending \_\_\_\_\_ Anticipated graduation \_\_\_\_\_

Reason for selection \_\_\_\_\_ Area of Specialization \_\_\_\_\_

Current Employer \_\_\_\_\_ Position \_\_\_\_\_ Income \_\_\_\_\_

Have you ever defaulted on an education loan? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Do you have any outstanding student loans? \_\_\_\_\_ If yes, what is the current balance \_\_\_\_\_

Have you ever applied for and/or been awarded a Brevard Heart Foundation scholarship/award? If yes, how much \_\_\_\_\_

Do your parents still claim you as a deduction? \_\_\_\_\_ If so, Father's income \_\_\_\_\_ Mother's income \_\_\_\_\_

What are your anticipated schooling costs for this year? \$ \_\_\_\_\_ List income from Scholarships \$ \_\_\_\_\_

List income from: Student Loans \$ \_\_\_\_\_ Employment \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Work History: Employer \_\_\_\_\_ Dates Worked: \_\_\_\_\_ Title \_\_\_\_\_

Work Description \_\_\_\_\_

Address \_\_\_\_\_

Telephone# \_\_\_\_\_ Supervisor: \_\_\_\_\_ Wages: \_\_\_\_\_

Work History: Employer \_\_\_\_\_ Dates Worked: \_\_\_\_\_ Title \_\_\_\_\_

Work Description \_\_\_\_\_

Address \_\_\_\_\_

Telephone# \_\_\_\_\_ Supervisor: \_\_\_\_\_ Wages: \_\_\_\_\_

Work History: Employer \_\_\_\_\_ Dates Worked: \_\_\_\_\_ Title \_\_\_\_\_

Work Description \_\_\_\_\_

Address \_\_\_\_\_

Telephone# \_\_\_\_\_ Supervisor: \_\_\_\_\_ Wages: \_\_\_\_\_

Student Name (Print) \_\_\_\_\_ I certify that the above information is true and complete.

I authorize Brevard Heart Foundation to share information with partner organizations for the sole purpose of determining if I might be eligible for additional scholarship dollars and to use my photo and other info (not SS#, DOB, street address, phone # or financial info) for publicity for Brevard Heart Foundation.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_