



Brevard Heart Foundation, Inc.
PO Box 2151, Melbourne, Florida 32901
(321) 752-2742
www.BrevardHeartFoundation.org

ANNUAL SCHOLARSHIP PROGRAM

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 accepted as a medical school student, nursing student, physician assistant student, or a nurse practitioner student.

Application Requirements:

1. Present **official** school transcripts or most current transcript. Have official transcripts mailed to: Brevard Heart Foundation, P.O. Box 2151, Melbourne, FL 32901. *It is the responsibility of the applicant to be sure current official transcripts are delivered by the deadline date of May 31st or your packet will be considered incomplete and ineligible for review.*
2. Recent photo of applicant
3. Provide a copy of your driver's license with a Brevard County address or transcripts from a Brevard high school (to verify residency)
4. One full-page letter telling us who you are, your goals, and what being part of Brevard County means to you
5. A copy of your acceptance letter from the school you will be/are attending.
6. Three letters of reference, with at least one from your field of academia. Letters must be dated and be no more than a year old. Letters can also be emailed by the reference directly to applications@brevardheartfoundation.org
7. Completed Brevard Heart Foundation Scholarship Application (PDF or online version)

Deadline:

Brevard Heart Foundation must receive your completed application between **April 1st** and **May 31st**. All Brevard Heart Foundation board decisions shall be final. If emailing the application and documents, you can combine all files into one file using <https://combinepdf.com>, <https://adobe.com/acrobat/online/merge-pdf.html>, or other online tools. Any questions can be emailed to applications@brevardheartfoundation.org.

Apply:

Complete online application at brevardheartfoundation.org/scholarshipapplication

OR

Print and complete the PDF application and email all required files in one attachment to applications@brevardheartfoundation.org

Wishing you every success in your education,
Brevard Heart Foundation Scholarship Committee

Brevard Heart Foundation Scholarship/Award Application

Name _____ Single/ Married/ Widowed/ Divorced (Circle one)
Last First Maiden

Address _____
Street City State Zip

Phone Number (____) _____ Email Address _____ US Citizen? Yes ___ No ___

Date of Birth _____ Where Born? _____ Brevard County Resident? Yes ___ No ___

Of Dependents in household and ages _____

High School Attended _____ GPA _____

Undergraduate College _____ GPA _____

Honors Awarded _____

Extracurricular activities and/or leadership roles _____

School you will be/ are attending _____ Anticipated graduation _____

Reason for selection _____ Area of Specialization _____

Current Employer _____ Position _____ Wages _____ How long? _____

Previous Employer _____ Position _____ Wages _____ Why left? _____

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? If yes, how much? _____

Do your parents still claim you as a deduction? _____ if yes, 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 \$ _____

If you are an Eastern Florida State College student and want to apply for the Nancy Meisenheimer Award, please circle one: YES / NO

Select the scholarship type you're applying for:

- Nursing
- Medical Doctor
- Physician Assistant
- Medical Transition
- Doctor of Osteopathy

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 information (not DOB, street address, phone# or financial info) for publicity for Brevard Heart Foundation.

Student Signature _____ Date _____