

# **Margaret A. & A. Robert Brown Memorial Scholarship**

**ECHS, MHS & GVHS Students Only**

## **Criteria:**

1. Must be a senior from ECHS, MHS & GVHS
2. Minimum GPA 3.3
3. Must be majoring in Education or related field (e.g. Liberal studies, teaching, Ag or Special Education)
4. Must enroll in a 2 year or 4 year college

## **Instructions to Applicant:**

A complete paper application includes the following:

- ☐ Application form completely filled out
- ☐ Completed Activities record
- ☐ Personal Essay: *Please discuss your educational and career plans. Use this as an opportunity to tell the scholarship committee members about who you are as a person.*
- ☐ 2 Letters of recommendation from school personnel and/or community member
- ☐ Transcript (7 semesters)

**Application deadline: Must be received on or by**

**March 1st**

**Please submit completed applications to either  
the College and Scholarship Office or the Counseling Office**

# Margaret A. & A. Robert Brown Memorial Scholarship

## Deadline: March 1st

E-Mail Address: (NOT school email address) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name in full: \_\_\_\_\_ Current High School: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Number) (Street) (City) (Zip)

Name of Father/  
Guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of Mother/  
Guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_

# Brothers (living at home): \_\_\_\_\_ Ages: \_\_\_\_\_ # Brothers (attending college): \_\_\_\_\_

# Sisters (living at home): \_\_\_\_\_ Ages: \_\_\_\_\_ # Sisters (attending college): \_\_\_\_\_

### EDUCATIONAL and VOCATIONAL PLANS:

Anticipated College Major: \_\_\_\_\_

Anticipated Vocational/Career Plans: \_\_\_\_\_

College Planning to Attend: \_\_\_\_\_

College Address: \_\_\_\_\_  
(Street number and name) (City) (State) (Zip)

### College Type: Mark Appropriate Box Below

2 Year College:

☐

4 Year College:

☐

Vocational/Technical School:

☐

## ACTIVITIES RECORD

Name: \_\_\_\_\_

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

**School Activities** – *attach additional Activity Record if needed*

Year of participation

Student Government: (example: SBO or class leadership positions)	9	10	11	12
Did you attend Camp RYLA, Boys or Girls State? <input type="checkbox"/> Yes <input type="checkbox"/> No (Check year attended)				
Organizations/Clubs: (note leadership positions)				
Athletics: (specify Varsity, Junior Varsity or Freshman)				
Awards and Honors:				
Community Activities: Example: Mercy Hospital 175 hours - Car Wash, Help raise funds for needy family 4 hours -				
Hobbies:				
Employment: (state the duration)				