Browning Foundation Application



25 W. 2nd Street Media, PA 19063 (610) 410-5008 - Phone (610) 862-3708 - Fax info@TheBrowningFoundation.org www.TheBrowningFoundation.org

Scholarship Year: 2018–2019

Must Be Completed by Applicant



BROWNING FOUNDATION APPLICATION

Please type your responses below. If the application is illegible it will be returned

| ١. | Last Name: | | | First Nam | e: | | | | | |
|---|--|---------------------------|-----------------|----------------|-------------------|------------|----------------------|--|--|--|
| 2. | Address: | | | | | | | | | |
| | | Street | | City | | State | Zip Code | | | |
| | Daytime Phone # | | | Mobile | e Phone#: | | | | | |
| | Email @ address | | | | | | | | | |
| | High School Attended: | | | | | # of Years | : | | | |
| | I will be attending school in the: | | | | | | | | | |
| | School Name: | | | | | | | | | |
| | Address: | | | | | | | | | |
| | | Street | | City | | State | Zip Code | | | |
| | ☐ Freshman | \square Sophomore | □ Junio | r □ S | enior [| □ Graduate | Level | | | |
| | Will you be a Full-Tim | e student? 🗆 YES | □ N0 | | | | | | | |
| | Grade Point Average (| e (GPA): [on a 4.0 scale] | | | | | | | | |
| | *Attach proof of GPA; y | our most recent Offici | al school trans | cript required | | | | | | |
| 9. | Name & address of parents(s) or legal guardian(s) if applicable | | | | | | | | | |
| | Name: | | | Name: | | | | | | |
| Address: | | Address: | | | | | | | | |
| | Phone: | | | one: | | | | | | |
| 0. | What specialty/major do you plan to major in as you continue your education? | | | | | | | | | |
| 11. List the name of any college you have attended. | | | | | | | | | | |
| | Name of S | school | Year Began | Year Ended | Year Graduated | | ype of e Received | | | |
| a. | | | | | | | | | | |
| b. | | | | | | | | | | |
| C. | | | | | | | | | | |



Please list the following information on a separate sheet if needed.

- 12. AREA OF STUDY: What do you want to study and why?
- 13. ORGANIZATIONS: Please list community organization such as service, volunteer and religious organizations in which you are now active or have previously been active. Please note leadership roles and dates.
- 14. RECOGNITIONS: Please list important awards and recognitions received. Note Organizations presenting honor and date.
- 15. GOALS: What are the short and long-term goals?
- 16. **NEED**: Please explain your financial need for the scholarship.
- 17. DESCRIBE THE CANDIDATE: In 500 words or less, explain to the Selection Committee your story—what separates you from the pack?

18. CAREER PLANS: What are your career plans and what would you like to be doing in 5 years?





The following items should be attached to this application. However, you may submit the application separately then send the requested information later. Please note that the scholarship committee will require the information prior to making a final decision.

| | 4 | Check "YES" or "NO" If you have attached each it |
|-----|----|---|
| 19. | ı. | Two reference letters. Please attach two reference applicant's character, academic achievement, and |

| 19. | I. | Two reference letters. Please attach two reference letters from those familiar with the applicant's character, academic achievement, and overall fitness for the award. \Box YES \Box NO |
|-----|------|--|
| | II. | Proof of college acceptance or current student enrollment. A letter of college acceptance or program acceptance is required for receipt of funds. □ YES □ NO |
| | III. | Most recent High School or College transcript. □ YES □ NO |
| | IV. | Completion of all <i>questions</i> 1−19 □ YES □ NO |

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me to the Browning Foundation Scholarship Committee is true, correct and without forgery. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Browning Foundation Scholarship.

I hereby understand that if chosen as a scholarship winner, according to scholarship policy, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded

| can be awarded. | |
|------------------------------------|------|
| | |
| Signature of scholarship applicant | Date |

