



Brevard Heart Foundation

Post Office Box 2151; Melbourne, Florida 32901

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

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 student in either medical, nursing, physician assistant, or nurse practitioner school.

Application Requirements:

1. High School, College or present official school transcripts. Please have school mail transcript to Brevard Heart Foundation P.O. Box 2151, Melbourne, FL 32901.
2. Passport size picture of yourself. Photo must be emailed to Brevard Heart Foundation with application.
3. Proof of Brevard County residency or Brevard HS graduation with: a copy of your driver's license showing a Brevard County address, or photo ID showing your Brevard county address, or your Brevard County high school official transcript.
4. Email copy of Drivers License with application.
5. One page letter telling us who you are, your goals, future plans & where you grew up in Brevard County.
6. A copy of your acceptance letter to the school you will be or are attending.
7. Three letters of reference including contact information. One letter from your field of academia on letterhead.
8. A completed Brevard Heart Foundation Scholarship/Award Application submitted by email.
9. If you are a Brevard Community College Nursing student and want to apply for the Nancy Meisenheimer Award please circle **YES** on application.

Scholarship Determinations:

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

Deadline:

1. Brevard Heart Foundation must receive your completed emailed application between **April 1-June 15**
2. Return your completed application at one time with all requested information by email to:

applications@brevardheartfoundation.org

THIS EMAIL IS FOR APPLICATIONS ONLY

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 _____
Street City State Zip

Current Address _____
Street City State Zip

Driver License #/State _____

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 _____

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 or 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/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 \$ _____

If you are a Brevard Community College student and want to apply for the Nancy Meisenheimer Award, please circle one: YES / NO

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 SS#, DOB, street address, phone # or financial info) for publicity for Brevard Heart Foundation.

Student Signature _____ Date _____