

**Brookdale Community College Foundation
Dr. Webster Trammell and the Monmouth-Ocean County
Pan Hellenic Council
Scholarship Application**

**Currently
Accepting
for 2026 ECI**

AWARD	ELIGIBILITY
<ul style="list-style-type: none"> ▪ \$500 Scholarships to current full-time Brookdale student AND incoming Monmouth County high school graduate <u>to attend Brookdale Community College in Fall 2026</u>. ▪ One \$200 Book Scholarship ▪ Scholarship amount is credited to the student's Brookdale account 	<ul style="list-style-type: none"> ▪ Must attend 2026 Empowerment Career Initiative (ECI) conference. ▪ Must be a currently enrolled OR an incoming Brookdale student for Fall 2026 term. ▪ Demonstrate financial need to pursue education.
INSTRUCTIONS	
<ul style="list-style-type: none"> ▪ Please print clearly ▪ <u>Write your name on each page and attachment</u> ▪ Applications can be submitted at ECI Conference or by March 31, 2026 deadline. ▪ All completed applications can be emailed to Lisa Savage at: Lsavage@brookdalecc.edu 	

I. Personal Information:

Name _____

(First)

(Middle)

(Last)

Address: _____

Town: _____

State: _____

Zip: _____

Telephone: _____

Date of Birth: _____

Ethnicity : _____

Email Address _____

II. High School or College Information

High School

Name of High School _____

High School Address _____

Name of Guidance Counselor/class Advisor _____

Phone number of Counselor/class advisor _____

College (if applicable)

Name of College _____

College Address _____

Name of Guidance Counselor/Advisor _____

Phone number of Counselor/class advisor _____

Name _____

III. Grades/Transcripts - (Please ATTACH a copy)

- If a Brookdale student, obtain a copy from your student planning portal
- If a high school student, obtain your transcript from your guidance counselor

What is your current GPA (Grade Point Average)?

IV. Objectives: Briefly indicate below in a few sentences describing:

■ Your educational goals

■ Your career goals

■ Your financial need

Did you attend the ECI Conference? Yes _____ No _____

I understand that:

- ✓ The Dr. Webster Trammell Scholarship and the Monmouth-Ocean County Pan Hellenic Council Scholarship Committee reserves the right to request additional information from any person named herein regarding my eligibility for this scholarship;
- ✓ That selections for this scholarship will be final;
- ✓ That, should I be the recipient and then withdraw from my planned academic program, my award will be forfeited.

I hereby certify that the statements herein are true and that I believe I am eligible for this award.

V. Certification/Signature: _____

Date: _____