

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

**Currently  
Accepting  
for 2026 ECI**

<b>AWARD</b>	<b>ELIGIBILITY</b>
<ul style="list-style-type: none"> <li>\$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></li> <li>One \$200 Book Scholarship</li> <li>Scholarship amount is credited to the student's Brookdale account</li> </ul>	<ul style="list-style-type: none"> <li>Must attend 2026 <b>Empowerment Career Initiative (ECI)</b> conference.</li> <li>Must be a currently enrolled OR an incoming Brookdale student for Fall 2026 term.</li> <li>Demonstrate financial need to pursue education.</li> </ul>

**INSTRUCTIONS**

- Please print clearly
- Write your name on each page and attachment**
- 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](mailto: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:** \_\_\_\_\_