

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



| AWARD | ELIGIBILITY |
|---|---|
| <ul style="list-style-type: none">Four \$500 Scholarships to current full-time Brookdale male student or an incoming male Monmouth County high school graduate to attend Brookdale Community College in Fall 2023 or Spring 2024.One \$200 Book ScholarshipScholarship amount is credited to the student's account | <ul style="list-style-type: none">Monmouth County resident and high school/GED graduates.Ethnic Minority Male StudentCurrently enrolled full-time Brookdale student or incoming student planning to register as a full-time student in the Fall of 2023 or Spring 2024.Evidence of Financial Need |

| INSTRUCTIONS |
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| <ul style="list-style-type: none">Please print clearlyWrite your name on each page and attachmentApplications can be submitted at MMI Conference or by March 31, 2023 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

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| Name of High School |
| High School Address |
| Name of Guidance Counselor/class Advisor |
| Phone number of Counselor/class advisor |

College (if applicable)

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|---|
| 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

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| What is your current GPA (Grade Point Average)? |
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IV. Objectives: Briefly indicate below in a few sentences describing:

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|-------------------------------|
| ■ Your educational objectives |
| ■ Your career objectives |
| ■ Your financial need |

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: _____