

The Ladies of Brookridge Scholarship Committee  
7300 Brookridge Central Blvd.  
Brooksville, FL 34613

January 17, 2020

Dear Senior,

Congratulations on your upcoming graduation. Have you considered your next step in your education? The Ladies of Brookridge would like to assist you. We are offering scholarships to any Hernando County senior. We hope you will apply. Scholarship applications are available at your school guidance council office. The requirements are as follows:

Complete application in full. Be specific as possible.

Submit a brief essay (300-400 word count) on the following: Your choice of a major and your future goals. What was your favorite school subject and why? Name an individual who has inspired you and how. What do you feel are your greatest strengths and your greatest challenges?

Two letters of recommendation are necessary, they should come from your guidance counselor, principal, or any of your teachers. Recommendations should be submitted on school letterhead.

Enclose a copy of your official high school transcripts. Please get them from your Counselor- your **grade transcripts must be in a sealed envelope- and MUST REMAIN SEALED- if opened we cannot accept them.**

Make sure your application is signed.

Please send your application to the name and address listed below on or before the **March 2, 2020 deadline. All applications must be received by mail only, no drop offs with be accepted.** Applications postmarked after the deadline will not be accepted. Please accept our best wishes for success in your future endeavors. Scholarship recipients are usually notified two weeks following our application deadline. This award is to be used for books and tuition only, and will be paid directly to the educational institution that you will be attending. Good luck!

Sincerely,

Mrs. Linda Bixby,  
Scholarship Chairperson  
7489 Country Club Drive  
Brooksville, FL 34613

**LADIES OF BROOKRIDGE  
SCHOLARSHIP APPLICATION**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**To what College/Universities have you applied and what is the status of each application?**

School \_\_\_\_\_ Cost (per year) \_\_\_\_\_  
Status: (Accepted/Pending)

School \_\_\_\_\_ Cost (per year) \_\_\_\_\_  
Status: (Accepted/Pending)

**Are you a member of any of the following:**    Beta    Key    N.H.S.    IB    Allied Health  
(Please circle those that are a yes)

**List any high school offices held, honors, or awards received.**

\_\_\_\_\_  
\_\_\_\_\_

**List all other school clubs, sports, or other activities:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**List any clubs/volunteer positions in your church or community:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL NEED**

Parent(s) or Legal Guardian \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

**Number of all other people living in your household \_\_\_\_\_ How many dependents \_\_\_\_\_**

Number of dependents currently full time college students: \_\_\_\_\_

Total Annual Household Income: \_\_\_\_\_

Do you have a prepaid college plan: (please circle) Yes No

Total amount saved for college: \_\_\_\_\_

Are you currently employed: Yes No Weekly hours \_\_\_\_\_

Employer	Dates of employment	Position
_____	_____	_____
_____	_____	_____

**Are you eligible/applied for any scholarships or grants from the school you will be attending?**

If so, specify the type and the amount: \_\_\_\_\_

**List all scholarships/grants you have applied for and amounts expected or received. Circle appropriate response**

Source _____	Amount _____	(pending/received)
Source _____	Amount _____	(pending/received)
Source _____	Amount _____	(pending/received)
Source _____	Amount _____	(pending/received)

