Vicky Brown Memorial Scholarship

For students planning to pursue higher education in some aspect of healthcare.

Vicky Brown worked in the medical administration filed in excess of 40 years. She mentored many doctors, nurses, medical recptionists and numerous other coworkers in the healthcare clinic setting. In honor of her passion and contribution in healthcare, we, her friend, are offering this scholarship.

Full legal name _____

Mailing address _____

City_____ Zip_____Phone_____

Personal Email:_____

Parents or legal guardian(s):

Father _____ Mother _____

City_____State_____ City_____State_____

College or School you plan to attend: _____

Major focus of study:_____

Criteria, Requirements, Conditions and Agreement

REQUIREMENTS FOR APPLICATIONS – ***Please check off each document enclosed:***

1. _____Completed application (legible!) – signed by applicant
2. _____Academic Transcript copy (3.0 or higher GPA requirement)
3. _____Essay (1 page or less) Please tell us about yourself and your future goals. Include why you want to pursue a career in healthcare and a little bit about your financial need situation and how this scholarship would support those goals.
4. _____One letter of recommendation from a teacher, coach, or employer.

Applicant must submit application materials to the Career Center at Chelan High School prior to the deadline April 1st.

CONDITIONS:

THE AGREEMENT - This is an agreement with the donors of this scholarship.

I, _____(fill in your name) understand that should I be awarded the Vicky Brown Memorial Scholarship and accept, I shall complete one academic year in the school of my choice. If I fail in compliance with this agreement and cannot show just cause, I shall repay the amount awarded to me in full within one year from the time of withdrawal.

SIGNATURE OF
APPLICANT_____

DATE_____

Deadline: April 1st, 2025
No late applications will be accepted.