**INSTRUCTIONS, ELIGIBILITY, AND ITEMS TO SUBMIT**

**A non-recurring scholarship for 2025 will be awarded to two students in the amount of $5000.00. You must meet all eligibility requirements and provide all required documentation in order to be considered for an award.**

Please carefully review the application requirements and documents to submit. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship; late submissions will not be considered.

Fields marked with an \* are required before submission.

Once you submit your application and receive a confirmation email, please add that email address to your address book to ensure receipt of future emails.

All scholarship selections are final. We will not accept appeals.

* **Application Deadline: Sunday, April 7, 2025**
* Do not include any transcripts with your application
* Do not include any photographs with your application
* Do not include your Social Security Number
* All applications and requested information become the property of the Brendan D. Downey Memorial Fund, Inc.

**Eligibility Requirements**

* Applicant **must be** a U.S. Citizen or permanent resident of the U.S.
* Applicant **must have** a
	+ Documented chronic medical condition
	+ Under physician’s care
	+ Currently undergoing treatment for the medical condition
* Applicant **must be** a high school senior currently attending Georgetown ISD schools (GHS, EVHS, Richarte HS (Georgetown, TX); or Rochelle Township High School (Rochelle, IL)
* Applicant **must have** a cumulative HS GPA of 2.5 or higher (on a 4.0 scale)
* Applicant **must be** planning to attend a post-secondary institution (2-yr., 4-yr. or technical/vocational school) in the fall with full-time status (minimum 12 hrs.)
* Applicant **must complete a 500-word essay**

**Items to submit**

* Application Form
* Two formal letters of recommendation (**must be** from teachers, administrators, or guidance counselors)
* Documented chronic medical condition verified by a physician’s letter
* Minimum of a 500-word essay

 **SCHOLARSHIP APPLICATION FOR 2025**

\*All fields are required

Date of Application: Click or tap to enter a date.

First Name: Click or tap here to enter text.

Last Name: Click or tap here to enter text.

Mailing Address (Street, City, State, Zip Code): Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.

Citizenship Status:

 US Citizen ☐

 Permanent Resident ☐

High School: (check one)

 Rochelle Township HS ☐

 East View HS ☐

 Richarte HS ☐

 Georgetown HS ☐

Guidance Counselor Name: Click or tap here to enter text.

Guidance Counselor’s Phone: Click or tap here to enter text.

Date of Graduation: Click or tap to enter a date.

GPA: Click or tap here to enter text.

Parent or Guardian Name(s): Click or tap here to enter text.

What college or technical/vocational school do you plan on attending in Fall 2025? Include City and State: Click or tap here to enter text.

\*Do not forget to sign and date the Agreement Statement at the bottom of this application.

**APPLICATION DEADLINE: Monday, April 7, 2025**

**Submit the application to:**

info@brendanddowneymemorialfund.org

**ESSAY**

*Format instructions:* 500 words, single-space, left or center justified; use 10pt or 12pt size font.

**Essay Prompt:** Describe how you have overcome adversity with your chronic medical condition and how you plan to use your unique experience to help others.

**AGREEMENT STATEMENT**

|  |  |
| --- | --- |
| I hereby affirm that all the above-stated information provided is true and correct to the best of your knowledge. I understand that all information is confidential and subject to verification and that the falsification of information will result in the termination of any scholarship granted. | ☐ |
| I hereby understand that if chosen as a scholarship winner to allow my photo to be posted to the brendanddowneymemorialfund.org website and/or Facebook for the sole purpose of congratulating my accomplishments. | ☐ |
| I hereby understand that I will not submit this application without all the required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship. | ☐ |

|  |  |
| --- | --- |
| **Signature:**  |  |
| **Printed Name:** |  |
| **Date:** |  |