

BRENDAN D. DOWNEY MEMORIAL SCHOLARSHIP APPLICATION

INSTRUCTIONS, ELIGIBILITY, AND ITEMS TO SUBMIT

A non-recurring scholarship for 2024 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 8, 2024**
- **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

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SCHOLARSHIP APPLICATION FOR 2024

*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 2024? 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 8, 2024

Submit the application to:

info@brendanddowneymemorialfund.org

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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.

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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: