

LINDA BRINKLEY GRANT
2025-2026 APPLICATION
Deadline: Wednesday, June 3, 2026

PERSONAL DATA

Student Name _____
Last First Middle

Email Address _____

Parent(s)/Legal Guardian's Name _____

Mailing Address _____

Telephone (Home) _____ (Cell) _____

ACADEMIC INFORMATION

High School _____ Graduation Date _____

College/University _____ Beginning Date _____

Technical/Trade _____ Beginning Date _____

Current Cumulative GPA _____

Major Field of Study _____

Student Signature _____

Parent Signature (If student under age 18) _____

- **Submit all required documents at one time to: director@teamhaynesfoundation.org**

**** Awardee(s) of the grant must sign a photo release authorizing Team Haynes Foundation, Inc to use recipient's photo and name on all Team Haynes Foundation, Inc publications and social media platforms.**

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In honor of the late Ms. Linda Brinkley, the Linda Brinkley Grant was established in 2020. This recognition is for her dedication within the community. As a mother of two, business owner and master cosmetologist she selflessly volunteered time and resources to the youth. Ms. Brinkley inspired and encouraged children to have a sense of purpose. She had a sweet spirit, radiated love and cheerfulness to her family and friends. **The applicant must meet the following criteria:**

1. Graduate of Lincoln County High School currently accepted/enrolled in an accredited college, university, and technical/trade school.
2. Age 23 and below
3. GPA 3.0 or higher
4. Provide proof of acceptance/enrollment and a copy of official transcript.
5. An essay minimum of 500 words (12 Font, Arial or Times New Roman, Single Space) including:
 - A. How will the grant benefit you?
 - B. What are your short-term and long-term goals?
 - C. What positive impact have you made within the community e.g., volunteering, athlete, etc?

*** Do not include your name on or in your essay.**

*** Artificial Intelligence (AI) generated essays will be disqualified.**

6. The recipient(s) will receive a congratulatory letter by email and in person presentation will follow.

NOTE:

- Recipient(s) will be awarded \$250.00.
- Grant funds will offset cost of books, supplies, clothes, and food.
- Data is presented to Team Haynes Foundation, Inc Board of Directors.
- Must be approved by Team Haynes Foundation, Inc Board of Directors.

***Students applying for the Linda Brinkley Grant must have a positive image on social media platforms and within their community, aligning with Team Haynes Foundation, Inc values. Any adverse or inappropriate activity will result in disqualification.**

- **Submit all required documents at one time to: director@teamhaynesfoundation.org**

PHOTO RELEASE

For good and valuable consideration, the receipt of which is hereby acknowledged, I, _____, hereby grant TEAM HAYNES FOUNDATION, INC permission to use my likeness in a photograph in any and all of its publications, including but not limited to all of TEAM HAYNES FOUNDATION, INC's printed and digital publications. I understand and agree that any photograph using my likeness will become property of TEAM HAYNES FOUNDATION, INC and will not be returned.

I acknowledge that since my participation with TEAM HAYNES FOUNDATION, INC is voluntary, I will receive no financial compensation.

I hereby irrevocably authorize TEAM HAYNES FOUNDATION, INC to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing TEAM HAYNES FOUNDATION, INC's programs or for any other related, lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge TEAM HAYNES FOUNDATION, INC from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Printed Name: _____ Date: _____

Signature: _____

Signature: _____
Signature of guardian if under 18 years of age