

Brown Health & Wellness Future Nurse Scholarship

Scholarship Application

Scholarship Overview

The Brown Health & Wellness Future Nurse Scholarship was established to support aspiring healthcare professionals who demonstrate compassion, leadership, academic dedication, and a commitment to serving their communities through healthcare.

Two (2) \$250 scholarships will be awarded annually to eligible students pursuing careers in healthcare.

Applicant Information

Full Name: _____

Date of Birth: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Educational Information

Current School: _____

Expected Graduation Date: _____

Current GPA: _____

Program of Interest or Current Enrollment:

- High School Senior Pursuing Healthcare
- CNA Program
- Medical Assistant Program
- LPN Program
- ASN Program
- BSN Program

Name of College/Program You Plan to Attend or Currently Attend:

Financial Need Information

Please briefly describe why this scholarship would assist you financially in pursuing your educational goals:

Community Service

Organization/Activity	Dates Participated	Hours Completed

Total Community Service Hours: _____

(Please attach documentation if available.)

Leadership & Activities

List any school organizations, extracurricular activities, honors, certifications, or leadership roles.

Essay Submission

Essay Requirement (500–750 words)

Please attach a typed essay responding to the following prompt:

“Why do you want to pursue a career in healthcare, and how do you hope to make a positive impact in your community through patient care and service?”

Required Documents Checklist

- Completed Application
- Unofficial Transcript
- Proof of Enrollment or Acceptance
- Essay Submission
- Community Service Documentation (if available)

Applicant Certification

I certify that all information provided in this application is true and accurate to the best of my knowledge. I understand that incomplete applications may not be considered.

Applicant Signature: _____

Date: _____

Submission Information

Submit Applications To:

Brown Health & Wellness

Email: _____

Application Deadline: _____

Scholarship Office Use Only

Criteria	Score
Essay	
Community Service	
Financial Need	
Academic Commitment	
Total Score	