

 **ADRIAN M. BROOKS, SR.**
FOUNDATION
P.O. Box 1086
Evansville, Indiana 47706
www.ambsrfoundation.org

Dear Applicant:

The AMB Foundation was established on March 9, 2018 by Rev. Dr. Adrian M. Brooks, Sr. in collaboration with the Memorial Baptist Church (or Board) acting as its liaison. This scholarship, in the amount of \$1500 will be awarded to outstanding students (both traditional and non-traditional). Individuals must submit a personal essay (500 words) about their future life goals.

Criteria:

1. Must be seeking a degree in the following fields:
 - a. Sociology/Social Work
 - b. Christian Education
 - c. Health/Science
 1. Medicine
 2. Nursing
 3. Physical/Occupational Therapy, etc.
 - d. Education/Teaching
 - e. Computer Technology
 - f. Business
2. Student to attend college of choice.
3. Must have maintained at least a 2.8 on a 4.0 scale.
4. SAT/ACT scores will be reviewed.
5. Must show evidence of community service to include not only civic, but social service as well.

Consideration will be given to academic achievement, financial need, and the student's community service record. This scholarship is not renewable.

Please mail your completed application directly to the above address no later than April 10, 2026. A committee comprised of the AMB Foundation's Board of Directors will finalize selection of the recipient, and the recipient will be notified by U.S. mail.

Board Members:

Rev. Dr. Adrian M. Brooks, Sr. ▪ Adrian Brooks, II ▪ Trinisia Brooks
Serita Cabell ▪ Dr. Clifford Dotson ▪ Mary E. Northington ▪ Sharon Walker

Section A—Biographical

Name _____
(Last) (First) (Middle Initial)

Address _____
(Street)

(City) (State) (Zip Code)

(Date of Birth) (Telephone Number)

(Name of High School)

Section B—Educational/Interest Information
(Use additional sheets if needed)

Career of interest: _____

Explain why you are interested in a career in the field you have chosen.

Name of college, university, technical or trade school you are planning to attend?

Please list community service/leadership/extra-curricular activities: _____

TRANSCRIPT INFORMATION

SECTION C:

Student Name _____

STUDENT/PARENTAL CONSENT TO RELEASE INFORMATION

According to the Federal Family Rights and Privacy Act of 1984, no information about a student's academic performance may be disclosed without the written consent of the student, if they are 18 years of age or older, or the consent of their parent, if the student is under the age of 18.

Therefore, to complete the scholarship application, this consent form must be signed prior to the school registrar/principal/guidance counselor completing Section D of this application.

I hereby consent to allow my (son's/daughter's) high school to release all pertinent scholastic and educational information requested below and contained herein to properly complete the scholarship application.

Parent's/Guardian's Signature _____ Date _____

Student's Signature (if 18 or older) _____ Date _____

SECTION D:

School Official—Please complete the following Information:

TRANSCRIPT Applicants must have the following section completed by the appropriate school official.

RANK & GPA Applicant ranks _____ in a class of _____ Cumulative GPA _____/4.0 scale

PSAT Verbal _____ Math _____ SAT Verbal _____ Math _____

ACT College % English _____ Math _____

School Official:
Please Print Name: _____ Signature _____

Date _____ Title _____ High School _____

High School _____

School Address _____ City _____ State _____ Zip _____

DEADLINE FOR SUBMISSION April 10, 2026