



THE COMMUNITY FOUNDATION  
*of Muncie & Delaware County, Inc.*  
PO Box 807 • Muncie, IN 47308  
(765) 747-7181

## 2010 Michael Brodhead Scholarship

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*Michael Brodhead was born with a congenital heart defect. He lived life with great enthusiasm and courage. Michael was thirteen years old at the time of his death in 1989. His parents chose to create a scholarship fund to help others who had overcome obstacles in their lives attain the goal of a college education--something Michael had looked forward to achieving.*

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### Eligibility:

- Delaware County High School Graduating Senior
  - Has maintained good scholastic standing
  - Has overcome a physical disability
  - Participated in extra-curricular activities
  - Has demonstrated good moral character
  - Evidenced financial need
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### Application Requirements:

The following items are to be submitted by **March 5, 2010**, to The Community Foundation of Muncie and Delaware County, Inc., PO Box 807, Muncie, IN 47308.

- Completed application form
  - Letter of Recommendation
  - High School transcripts
  - Certified evidence of your senior year program of studies
  - Evidence of application/acceptance to an accredited college or university in Indiana
  - Photograph
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Written notification of the Selection Committee's decision will be mailed to applicants by April 30, 2010.

The Scholarship will be sent *directly* to the Indiana college or university of choice.

## 2010 Michael Brodhead Scholarship

### Biographical Information

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Telephone (\_\_\_\_) \_\_\_\_\_

Name of Parents or Legal Guardian \_\_\_\_\_

High School Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Graduation date from high school \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If so, how many hours per week? \_\_\_\_\_

What type of paid employment have you had? \_\_\_\_\_

Occupation of Father \_\_\_\_\_

Occupation of Mother \_\_\_\_\_

Occupation of Guardian (if applicable) \_\_\_\_\_

How many siblings do you have? \_\_\_\_\_ Please list their names and ages \_\_\_\_\_

Estimated expenses for the first academic year in college \_\_\_\_\_

Explain means of financing your education \_\_\_\_\_

**Academic Information**

Class rank/size \_\_\_\_\_ GPA \_\_\_\_\_ out of \_\_\_\_\_ SAT score \_\_\_\_\_  
(Possible)

What college or university do you plan to attend? \_\_\_\_\_

What is your intended major? \_\_\_\_\_

What are your career goals? \_\_\_\_\_

List *school organizations* you are involved in, positions of responsibility and your direct activities.

Organization	Position Held	Years	Activities
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List awards/honors attained, if relevant.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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List *community service* activities you are involved in, positions of responsibility and your direct activities.

Organization	Position Held	Years	Activities
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**Letters of Recommendation**

Please attach one letter of recommendation from a high school teacher, coach, or counselor.

**Personal Note**

Please describe in a brief paragraph below your disability and how you have overcome it.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date