



## THE COMMUNITY FOUNDATION

*of Muncie & Delaware County, Inc.*

PO Box 807 • Muncie, IN 47308

(765) 747-7181

### **2012 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 2, 2012**, 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<sup>th</sup>.

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

## 2012 Michael Brodhead Scholarship

### Biographical Information

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

Address \_\_\_\_\_

Telephone \_\_\_\_\_ High School Name \_\_\_\_\_

Email Address \_\_\_\_\_

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

Expected 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/Guardian \_\_\_\_\_

Occupation of Mother/Guardian \_\_\_\_\_

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

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

Discuss how you plan to finance your education

**Academic Information**

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

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

Please discuss your intended college major and your career goals.

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

List awards/honors attained, if relevant.

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

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

**Personal Note** – Briefly discuss your disability and how you have overcome it.

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Signature of Applicant

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Date