

O.M. BROWN MEMORIAL SCHOLARSHIP FUND

SCHOLARSHIP APPLICATION FOR HIGH SCHOOL GRADUATES

NAME _____

ADDRESS _____

BIRTH DAY _____

NAME OF HIGH SCHOOL ATTENDED _____

ADDRESS OF HIGH SCHOOL _____

GRADUATION DATE _____ SAT SCORE _____ ACT SCORE _____

GRADE POINT AVERAGE (UNWEIGHTED) _____ (WEIGHTED) _____

DUTIES PERFORMED IN CHURCH _____

COMMUNITY INVOLVEMENT

EXTRACURRICULAR ACTIVITIES AND HONORS RECEIVED

CAREER GOALS

Please include a copy of your official high school transcript and three letters of recommendation, one of which should be from a former teacher.

Send all information by April 30, 2009 to:

Mrs. Virginia Pearcey

8215 Simpson Falls Court

Sarasota, FL 34243