Logo, company name

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**The Advanced Practice Providers of Brevard Scholarship**

**2023 Application**

The Advanced Practice Providers of Brevard are providing scholarship funds for our local high school seniors to support future healthcare workers with their college expenses. Advanced Practice Providers of Brevard wish to help build future healthcare professionals in our community. Applicants from Astronaut High School must have participated in the Patient Care Program during the 2022-2023 school year.

**The DEADLINE for applications to be submitted to Mrs. Sharpe is Tuesday, May 2, 2023. No late applications will be accepted!**

We will share the applications with the Advanced Practice Providers of Brevard for review.

To be considered, the student must submit the following items together:

\_\_\_\_\_Completed Application Form

\_\_\_\_\_Letter of Recommendation

\_\_\_\_\_Resume of High School Accomplishments/Activities

\_\_\_\_\_Copy of College Acceptance Letter\*

\_\_\_\_\_Essay (Typed – One Page, double spaced)

\*The scholarship payment will be made directly to your university/college. You must be Full-Time in Fall 2023.

Logo, company name

Description automatically generated**Advanced Practice Providers**

**of Brevard Scholarship**

**2023 Application Form**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College You Will Attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School GPA: Weighted \_\_\_\_\_\_\_\_\_\_\_ Unweighted \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_ Yes, I will be attending college **Full-Time** in Fall 2023.

\*Required – 12 credits minimum (4 classes)

**Please attach the following**:

* One Letter of Recommendation from a teacher or a counselor
* A resume with your high school accomplishments/activities
* A copy of your University/College Acceptance Letter
* Type a one-page essay (double spaced) explaining your plans for a career in Health Sciences. How do you plan to achieve that goal? What part of the PCA program has impacted you the most and how do you plan to use your CNA License after graduation? How do you plan to use your healthcare skills in our local community of Brevard County?