



The Brave at Heart Foundation

2025 Scholarship Program



The Brave at Heart Foundation announces their **2025 Scholarship Awards**. This year's program will offer \$500 scholarships to graduating seniors attending Carolina Forest, Carvers Bay, Conway, Georgetown, Hemingway, Kingstree, Loris, Myrtle Beach, North Myrtle Beach, Socastee, St. James, and Waccamaw High School within the Horry County, Georgetown County, and Williamsburg County school districts. **Other high school seniors within those school districts are also welcome to apply.**

Program Guidelines & Priorities:

- * Applicants must plan to attend, be enrolled, or accepted into a two (2)-year community college, four (4)-year college or university, or an accredited Trade School.
- * Applicants must have obtained a 3.0 grade point average (GPA) their senior year.
- * Applicants must submit a copy of their transcript to verify GPA.

Applicants must meet at least two (2) of the additional requirements below:

- * Participated in High School athletics.
- * Active in community service or volunteer work their senior year.
- * Participated in other extra-curricular activities outside of class or sports.
- * Completed SAT / ACT.
- * Be a working student.
- * Scholarship funds will be awarded on or about **May 17th, 2025**, in form of a check from The Brave at Heart Foundation made out to the scholarship recipient with the intentions of using the money toward school.
- * Applicants must have the endorsement of their Guidance Counselor or an authorized school staff member on their application attesting they are qualified for this scholarship program.
- * Applications from the student without the signature of the counselor or authorized school staff will not be accepted.
- * Applications must be received by The Brave at Heart Foundation no later than **April 23rd, 2025**

Scan and email one copy of a completed and typed application package to:
TheBraveAtHeartFoundation@gmail.com

The applications will be reviewed, and recipients selected by The Brave at Heart Foundation board members.

Please submit any questions to: TheBraveAtHeartFoundation@gmail.com



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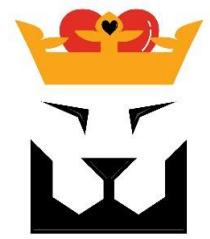


SCHOLARSHIP APPLICATION 2025

Please type your answers. <i>Use an additional piece of paper if necessary</i>		
1.	Last Name:	First Name, Middle Initial:
2.	Mailing Address Street: City: State: Zip:	
3.	Daytime telephone number: () Email address:	
4.	Date of birth: Month Day Year	
5.	Cumulative Grade Point Average (GPA): _____	
6.	Name and location of high school:	
7.	A. List any academic honors, awards, and membership activities while in high school: B. List your hobbies, outside interests, extracurricular activities and any volunteer or community service activities participated in:	
8.	A. If you have decided on the college or trade school you will attend, please list the school's name: B. If not, list your top three (3) college choices:	
9.	Anticipated field of study:	



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10.	Name & phone number of parent(s) or legal guardian(s): <u>Name(s):</u> <u>Best phone number to be reached on:</u>
11.	On a separate sheet of paper, please complete a brief essay (350 - 500 words) on the topic provided below: If you could add a subject or topic to your high school curriculum that you feel passionate about, or wish you had the opportunity to learn, what would it be and why?
12.	Please include any additional comments you would like to add below: (This portion is not a requirement)

STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent, that if chosen as a scholarship recipient, my picture may be taken and used to promote The Brave at Heart Foundation Scholarship Program. (Recipients may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship recipient, according to The Brave at Heart Foundation Scholarship policy, I will be physically present the day of **May 17th, 2025** to receive my scholarship award.

I understand that if chosen as a scholarship recipient, the money received will be used toward school expenses.

I hereby understand that it is my responsibility to submit the application to The Brave at Heart Foundation, no later than **April 23rd, 2025**.

Signature of scholarship applicant: _____ Date: _____



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STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR

I hereby affirm that this application meets the criteria set forth by this scholarship program and support submission of this application to The Brave at Heart Foundation.

Name of Guidance Counselor: _____
(print)

Name of Applicant: _____

High School: _____

Contact information (email and phone): _____

Signature of Guidance Counselor: _____ Date: _____