

The Brandon Bickers Memorial Scholarship For Student Athletes

Scholarship Application 2010-2011 Academic Year

Incomplete applications will not be considered. If you have questions, call the Union Hospital Foundation at 812-238-7534

The Brandon Bickers Memorial Scholarship For Student Athletes is named in memory of Brandon Scott Bickers. Before his untimely death, Brandon Bickers distinguished himself as a person and as an athlete. Through competitive desire and diligent effort he became the leading runner at Terre Haute North Vigo High School in cross country and long distance track, as evidenced by his becoming an IHSAA State Finalist in two sports in 1996. He is remembered as a young man who led by example and who earned the respect and admiration of those who knew him.

This scholarship is sponsored by the Union Hospital Foundation and awarded annually to a senior student-athlete from the Wabash Valley who will pursue a college degree in the following academic year.

Eligibility:

To be eligible for a Brandon Bickers Memorial Scholarship, an applicant must:

- Have attained a cumulative grade point average of at least 2.5 on a 4.0 scale
- Attend a high school in one of the following counties: Vigo, Sullivan, Clay, Parke and Vermillion counties in Indiana and Clark or Edgar counties in Illinois.
- Have participated in interscholastic athletics during the years he or she attended high school.
- Expect to graduate from high school in the current year and enter a college or university in the fall of the current year to continue his or her education.

Scholarship Awards:

A scholarship of \$250 or greater will be awarded for one academic year to a recipient meeting the above qualification. The recipient may receive the scholarship award only once.

To Apply:

Complete an application for the Brandon Bickers Memorial Scholarship and return by **March 1, 2010** to:

**Union Hospital Foundation
1606 N. Seventh Street
Terre Haute, IN 47804**

Personal Information

Full Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Alternate Number: (____) _____

Marital Status: Married Single Gender: Male Female Date of Birth: _____

Are you a U.S. citizen? Yes No If no, please provide verification of your status according to the U.S. Naturalization and Immigration Service.

Parents' names: _____ Spouse name: _____

Enrollment Information

Provide the name and address of the college/university into which you have been accepted or are presently enrolled.

Name of School: _____

Address: _____ City: _____ State: _____ Zip: _____

Degree you are seeking (ex. Bachelor's Degree in Physical Therapy): _____

Date you began/will begin this curriculum (month/year): _____

Date you will graduate (month/year): _____

High School Education

Attach to this application official transcripts of the courses you have taken which correspond to the education levels you report below.

Name of School: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates attended (from month/year to month/year): _____

Major or Degree: _____

Scholastic Honors: _____

Extracurricular or community activities, including leadership positions held: **(Attach a list if necessary)**

Financial Information

A) Personal income for 2009 as reported on your W-2 form(s) of Income Tax Return:

\$ _____

Where will you live while attending college during the 2010-2011 academic year?

- On campus housing— residence hall, fraternity/sorority house, etc.
- Off campus housing— apartment
- Home with parent(s) or guardian(s)
- Other: explain _____

If you attended college for the 2009-2010 academic year, list all financial assistance (grants, scholarships, loans, etc.) received, including amounts:

_____ \$ _____

_____ \$ _____

_____ \$ _____

List all financial assistance (grants, scholarships, loans, etc.) you have been notified of or expect to receive for the 2010-2011 academic year, including amounts:

_____ \$ _____

_____ \$ _____

_____ \$ _____

If you will work while attending college indicate:

The number of hours you expect to work _____ / week

Your estimated income from this job \$ _____

Answer the following questions, providing information that corresponds to your present situation

B) What was the adjusted gross income for 2009 of:

- Your parent(s) or guardian(s) if you are a dependent

OR

- Your household if you are not a dependent of your parent(s) or guardian(s) and if the amount is different than item A:

\$ _____

C) What is the total number of people living in your household, including yourself

_____ Parent(s) or guardian(s)

_____ Children

_____ Other: explain _____

D) Answer if applicable:

If other members of your household will be attending college during the 2010-2011 academic year,

Indicate below:

Relation

College/University

Level of school (freshman, sophomore, etc.)

Athletic Background

Indicate below which high school sports you participated in and the corresponding year:

Sport	Years
_____	_____
_____	_____
_____	_____
_____	_____

Application Checklist (All information is due by March 1, 2010)

- Completed 2010—2011 Scholarship Application form
- One or more letters of reference from someone (not a relative) who has known you for at least one year
- A copy of acceptance into degree program
- Narrative of 250 words or less describing why you are pursuing the degree and future career plans
- Official transcripts of courses taken which correspond to education levels reported
- Copy of financial aid award letter (if received yet)

Submit these items together to the Union Hospital Foundation office in the Lower Level of Union Hospital East or by mail at:

**Union Hospital Foundation
1606 North Seventh Street
Terre Haute, IN 47804**

Scholarship awards can be used only for the expenses of tuition, other academic fees and books.

Your Signature

I hereby apply for a Union Hospital Foundation Scholarship. I have read and understand the terms of the scholarship award. If I receive a scholarship, I agree to comply with the requirements of the award.

Signature

Date

