

**Tiffany Brown Memorial Scholarship**

Name \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Age \_\_\_\_\_

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

High School \_\_\_\_\_ GPA \_\_\_\_\_

Name of Parent or Guardians \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Email Address(es) \_\_\_\_\_

\_\_\_\_\_

List colleges where you have applied: \_\_\_\_\_

\_\_\_\_\_

Will you attend college:      Full-time \_\_\_\_\_      Part-time \_\_\_\_\_

List honors you have received in high school: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all extracurricular activities you have participated in: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Criteria for the Tiffany Brown Memorial Scholarship**

1. Completed application
2. Minimum 2.75 GPA
3. Major in the medical field
4. Attend a college or university in Mississippi
5. Provide 2 recommendation letters from teachers
6. Write an essay on the following questions:
  - a. Why did you choose the medical profession?
  - b. How would you help someone that's struggling with mental health (including yourself)?

***Please submit your application and essay to your High School guidance counselor by March 31, 2025.***