



## Brooke Nicolle Robinson Memorial Foundation 2024 Scholarship Award Application

The Brooke Nicolle Robinson Memorial Foundation (BNRMF) announces the 2024 **Brooke Nicolle Robinson Memorial Foundation Scholarship Award Program**. Under the Program, select \$2000 scholarships + select \$1,000 scholarships will be awarded to seniors attending Joplin High School in Joplin, MO. There will be one scholarship awarded per recipient, non-renewable scholarship.

### Program Guidelines & Priorities:

- \* Seeking graduating seniors with involvement in extracurricular activities, volunteer experience, and academic achievements with a GPA of 2.5 or higher.
- \* Applicants must plan to attend a trade school, two (2)-year community college or four (4)-year college or university.
- \* Scholarship funds will be paid during the month of **August 2024—directly to the college**, not the student. The scholarship funds will be issued to the college or university upon receiving a certificate of enrollment for the fall semester, which includes the Student ID number and Financial Aid Office address.
- \* Applicants must have the endorsement of their Guidance Counselor on their application attesting they are qualified for this scholarship program.
- \* Applications must be received by the Brooke Nicolle Robinson Memorial Foundation no later than **April 19th, 2024**.

Submit application by email to: [brookerobinsonfoundation@gmail.com](mailto:brookerobinsonfoundation@gmail.com)

OR

Mail one copy of a completed application package to:  
(This includes application with signoff by Guidance Counselor and essay)

BNRMF Scholarship Committee  
c/ o Mackenzie & Jay Robinson  
1945 East 18<sup>th</sup> Street  
Joplin, MO 64804

The applications will be reviewed and recipients selected by the Brooke Nicolle Robinson Memorial Foundation Committee. The scholarships will be awarded **May 2024** during the Senior Awards Ceremony if applicable. If not, the student or parent/guardian will be contacted.

Applications may be downloaded from the Brooke Nicolle Robinson Memorial Foundation Facebook Page at: <https://www.facebook.com/Brooke-Nicolle-Robinson-Memorial-Foundation>

Please submit any questions to: [brookerobinsonfoundation@gmail.com](mailto:brookerobinsonfoundation@gmail.com)



## SCHOLARSHIP APPLICATION 2024

Please answer questions below. <i>Use an additional piece of paper if necessary</i>		
1.	Last Name:	First Name, Middle Initial:
2.	Mailing Address Street: City: <span style="float: right;">State: <span style="float: right;">Zip:</span></span>	
3.	Daytime telephone number: (     )  Email address:	
4.	Date of birth:    Month                  Day                  Year	
5.	Cumulative Grade Point Average (GPA): _____ (On a 4.0 scale) ACT Score: _____ Or SAT Score: _____	
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, and extracurricular activities:          C. List any school related or non-school volunteer experience. (Specify organization, duration and duties fulfilled):	
8.	A. If you have decided on the college you will attend, please list the school name:          B. If not, list your top three (3) college choices:	
9.	Anticipated field of study:	

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NICOLE ROBINSON  
**MEMORIAL FOUNDATION**

10.	Family gross annual income <input type="checkbox"/> < \$20,000 <input type="checkbox"/> \$20,000-\$40,000 <input type="checkbox"/> \$40,000-\$60,000 <input type="checkbox"/> \$60,000-\$80,000 <input type="checkbox"/> > \$80,000
11.	Please list any other scholarships awarded:
12.	Name of parent(s) or legal guardian(s):  Primary number of parents or legal guardians:                      Secondary number:  Parent or legal guardian email:
13.	On a separate paper, please write an essay (250 - 500 words) addressing the following:  Tell us why/how this scholarship would benefit you. What has caused your passion with your career choice. What specifically you would like to accomplish in the career field you've chosen.
14.	One (1) letter of recommendation from a mentor of yours.



### 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 winner, my picture may be taken and used on foundation social media page to congratulate recipients of the Brooke Nicolle Robinson Memorial Foundation Scholarship Award. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner, I will try to be present at any May 2024 awards ceremony and/or reception to receive my scholarship award.

I hereby understand that if chosen as a scholarship winner, according to the Brooke Nicolle Robinson Memorial Foundation Scholarship policy, it is my responsibility to submit to the Brooke Nicolle Robinson Memorial Foundation, no later than July 2024, a certificate of enrollment for the fall semester, which includes the Student ID number and Financial Aid Office address.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

**Signature of scholarship applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### 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 Brooke Nicolle Robinson Memorial Foundation Scholarship Program.

Name of Guidance Counselor: \_\_\_\_\_

High School: \_\_\_\_\_

Contact information (email and phone): \_\_\_\_\_

**Signature of Guidance Counselor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Checklist:

- Application
- Essay on separate sheet of paper
- Guidance Counselor signature
- One letter of recommendation

**EMAIL COMPLETED APPLICATION PACKAGE TO**

[brookerobinsonfoundation@gmail.com](mailto:brookerobinsonfoundation@gmail.com)

OR

**MAIL COMPLETED APPLICATION PACKAGE TO THE BNRMF SCHOLARSHIP PROGRAM**

**BNRMF Scholarship Committee  
c/o Mackenzie & Jay Robinson  
1945 East 18<sup>th</sup> Street  
Joplin, MO 64804**

**REMINDER:**

**Applications must be received by the Brooke Nicolle Robinson Memorial Foundation  
no later than April 19, 2024.**