

**The Brandon Bickers
Memorial Scholarship for
Student Athletes**

Scholarship Application - Due March 1st
Incomplete applications will not be considered.
If you have questions, please call
Union Health Foundation, (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 Union Health 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 qualifications. The recipient may receive the scholarship award only once. Scholarship awards can be used only for the expenses of tuition, books and other academic fees. Checks are paid directly to the recipient's university.

To Apply

Complete this application for the Brandon Bickers Memorial Scholarship and return by March 1st to:

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

Brandon Bickers Memorial Scholarship for Student Athletes

Personal Information

Full Name: _____

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

County of Residence: _____

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

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

Father's Name: _____ Mother's Name: _____ Spouse: _____

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.

Enrollment Information

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

Name of College/University: _____

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 expect to graduate college (month/year): _____

High School Education

Submit Official Transcripts of all high school or college credits earned to date.

Name of High School: _____

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

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

Scholastic Honors: _____

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

Financial Information

A) Personal income for last year as reported on YOUR W-2 form(s) or Income Tax Return:

\$ _____

Where will you live while attending college during the following academic year?

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

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

_____ \$ _____
_____ \$ _____
_____ \$ _____

If you will work while attending college indicate:

The number of hours you expect to work per 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 last year of the following:

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 following academic year, indicate below:

<i>Relationship</i>	<i>College/University</i>	<i>Level of school (freshman, sophomore, etc.)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Athletic Background

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

Sport	Years
_____	_____
_____	_____
_____	_____

Application Checklist (All information due March 1st)

- Completed Brandon Bickers Scholarship Application form
- One or more letters of reference from someone **not** a relative and who has known you for at least one year
- A copy of acceptance letter into degree program
- Narrative of 250 words or less describing why you are pursuing the degree and future career plans
- Only **Official** high school transcripts accepted. These transcripts must show cumulative GPA.
- Copy of financial aid award letter (if received)

Submit these items together to the Union Health Foundation office in the Lower Level of Union Hospital East or by mail (postmark no later than March 1st) at:

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

Your Signature

I hereby apply for a Union Health 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

