

SCHOLARSHIP APPLICATION

JEAN GRENNELL BRENNAN MEMORIAL SCHOLARSHIP FUND II

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

1. Of what Native American tribe are you a member? \_\_\_\_\_

2. Name, address, and telephone number of head of tribe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. College you are attending: \_\_\_\_\_

4. Will you be a full or part-time student? \_\_\_\_\_

5. Estimate your total financial needs for the coming year: \_\_\_\_\_

If you are chosen to receive a Brennan Scholarship, the award will be sent directly to the institution you will be attending. You may apply for another scholarship for the next academic year, subject to continuing financial needs and evidence of satisfactory completion of courses for which financial assistance was given.

In a few paragraphs, please tell us about yourself. What is your financial situation at present? What are your hopes for this education, and how it will help you achieve your future goals? If applicable, please mention any awards, accomplishment, and any volunteer work that you would like to share.

Please submit with your application two references, including name, address, and telephone number or email of persons who are aware of your scholastic ability and personal character.

Send completed application with required documents to:

Brennan Scholarship Committee  
First Baptist Church in Newton  
848 Beacon St, Newton, MA 02459

or via email to: [office@fbcnewton.org](mailto:office@fbcnewton.org)

I certify that the information is true and complete to the best of my knowledge.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please note: It is very important that you include with your completed application:

Verification that you are an enrolled member of a federally recognized tribe.

Please feel free to call the office, (617) 244-2997 or email: [office@fbcnewton.org](mailto:office@fbcnewton.org), should you have any questions.