

Russ  
complete  
Application

THE DR. HERB BROOKS  
MEMORIAL SCHOLARSHIP

In collaboration with

DOCTORS MEMORIAL HOSPITAL  
FOUNDATION



Dear Scholarship Applicant:

In preparing your application, please read the instructions carefully. Please type or legibly print the requested information. If the question required a “yes” or “no” answer, please circle only one. Make sure you provide all submittals requested, as omissions can result in disqualification. All required submittals are listed below and should be used as a “checklist” to make sure your application is complete. Your application should include:

1. **Application form.** All requested information must be included.
2. **High School Transcripts.** The past four (4) years, including grade point average (GPA).
3. **Essay.** Complete an essay in 750 words or less on the topic outlined in the application.
4. **Academic Recommendations.** At least two (2) and not more than three (3).
5. **Individual Recommendations.** At least two (2) and not more than three (3).

Make sure your application is delivered back to Mrs. Cierra Russ, HCHS Guidance Counselor by the deadline of Monday, April 22, 2024. Late entries will not be considered.

Thank you for your interest.

**Additional Information:**

No applicant will be excluded from participation or be denied the benefits of this scholarship based on race, color, age, religion, national origin, sex, or disability. Recipient must meet all eligibility requirements.

A Scholarship committee will be comprised of both members of the Doctors Memorial Hospital Foundation and the family of Dr. Herb Brooks. In addition to eligibility requirements listed previously, the committee will also consider the financial need of the applicant as part of the selection criteria. All decisions by the scholarship awards committee will be final.

## **GENERAL INFORMATION**

### **Background and Purpose**

Dr. Herbert Edwin Brooks was born December 3, 1929, in Chevy Chase Maryland. After high school he attended Wabash College in Crawfordsville, Indiana, Wayne State University in Detroit, Michigan, and the University of Maryland College of Medicine. He joined the United States Navy and completed his residency in Family Medicine.

When Dr. Brooks first visited Bonifay in October 1964, he was only supposed to stay a week. He was filling in for a vacationing doctor. He fell in love with the community and in 1965, he resigned his commission from the Navy and moved his family to Bonifay, Florida and set up an office in Family Practice.

For more than fifty (50) years, Dr. Brooks, a Board-Certified Family Physician, and former Flight Surgeon, served five generations of patients with compassion, humility and devotion. He delivered more than 1000 babies during his medical career. He had a wonderful sense of humor, an easy smile and a gentleness in manner.

Dr. Brooks had many sayings we called "Herbisms." The one that exemplifies his life was: "LIVE YOUR LIFE SO THAT IF OTHERS SPEAK EVIL OF YOU, NO ONE WILL BELIEVE IT!"

### **Amount of Scholarship:**

For the Holmes County High School Class of 2024, one \$1000 scholarship will be awarded. The scholarship recipient will be announced at the senior awards ceremony, per the HCHS schedule, and the check will be awarded at that time. The recipient will receive an individual plaque with his/her name and the name will be added to the Dr. Herb Brooks Memorial Plaque displayed in the office trophy case.

Please see the Eligibility Guidelines below for applicant requirements.

### Eligibility Guidelines:

1. Applicant must be eligible for graduation in 2024 from HCHS.
2. Applicant must have attended HCHS for their **entire** senior year.
3. Applicant must have a minimum high school GPA of 3.5 based upon a 4.0 grading system or a minimum 4.0 weighted GPA.
4. A copy of transcripts for the past four (4) years is required.
5. Submit at least one (1) but not more than three (3) academic letters of recommendation from authorities at your school such as teachers, principal, or guidance counselor. The authorities must be able to reference the applicant's writing skills.
6. Submit at least one (1) and not more than three (3) letters of recommendation from individuals, other than family members, who have known you for at least two (2) years.
7. Applicant must provide an essay in your own words answering the following prompt: *Explain the importance of rural hospitals to the small communities they serve.*  
The essay should be 750 words or less and may be hand-written or typed, double-spaced.
8. Applicant **MUST** be planning to prepare for a career in medicine.
9. Completed applications with required submittals should be delivered to Mrs. Cierra Russ, HCHS Guidance counselor, no later than Monday, April 22, 2024.

Scholarship Committee

The Dr. Herb Brooks Doctors Memorial Hospital Foundation

Memorial Scholarship

Holmes County High School Guidance Department

**Dear Scholarship Applicant:**

In preparing your application, please read the instructions carefully. Please type or legibly print the requested information. If the question requires a "Yes" or "No" answer, please circle one. Make sure you provide all submittals requested, as omissions can result in disqualification. All required submittals are listed below and should be used as a "checklist" to make sure your application is complete. Your application should include:

- Application Form.** All requested information must be included.
- High School Transcripts.** The past four (4) years, including grade point average (GPA).
- Essay.** Complete an essay in 750 words or less on the topic outlined in the application.
- Academic Recommendations.** At least one (1) and not more than three (3).
- Individual Recommendations.** At least one (1) and not more than three (3)

Make sure your application is delivered back to the school's guidance counselor by the deadline of ~~Wednesday, May 5, 2021~~. Late entries will not be considered. Thank you for your interest.

## Application

*Please type or print clearly.*

Applicant's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, & Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Birth date \_\_\_\_\_

Parent (s) or Guardian (s) Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Name of college of choice \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, & Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Have you applied for enrollment?  Yes  No  
Have you been accepted?  Yes  No  
Proposed major field of study \_\_\_\_\_

If applicable, please list all approved scholarships, financial aid, and grants, including work study, for the coming academic year.

Name of scholarship(s), financial aid, grants, or work study	Amount awarded

**Education:** In chronological order, list all high schools and colleges attended.

School	Location	Dates attended

**Work Experience:** In chronological order, list any current and previous employers.

Company	Type of work	Dates of employment

**Financial Need Consideration:** Describe any circumstances you feel we should consider related to financial need.

**Academic/School Activities and Awards:** List the academic-related activities and your specific involvement that you have participated in during the past (5) years.

**Community Activities:** List the community activities and your specific involvement that you have participated in during the past (5) years.



**Career and/or Vocational Objectives:** Please briefly describe your career and/or vocational objective. Why are you interested in this career, and state what you consider to be the necessary qualifications.

**Essay**

Within the space provided below, or on a separate sheet, please complete an essay in 750 words or less on the following topic:

*"Of all current HCHS alumni, tell about one that you feel has made an impact on others and explain why."*

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**I do state the above information is accurate to the best of my knowledge.**

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_