

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 your Guidance Counselor by the deadline of Monday, April 14, 2025. 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 seniors of the class of 2025, one \$1000 scholarship will be awarded. The scholarship recipient will be announced at the senior awards ceremony, per the schedule of the school of the winning applicant. 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 2025 at one of the high schools in Holmes County.
2. Applicant must have attended their high school 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 (2) 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 (2) 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 the high school Guidance counselor, no later than Monday, April 14, 2025.

Scholarship Committee

The Dr. Herb Brooks Doctors Memorial Hospital Foundation

Memorial Scholarship

The Family of Dr. Herb Brooks

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.

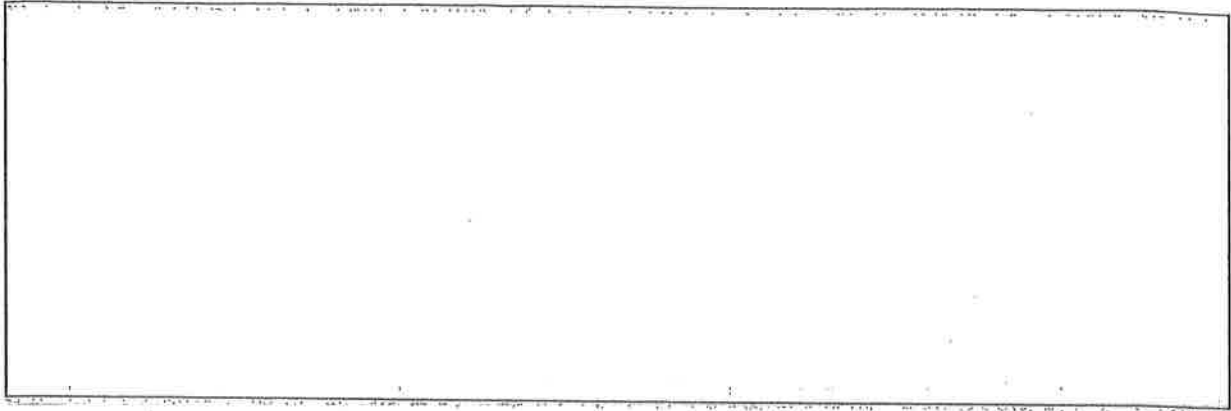
Company	Type of work	Dates of employment

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.

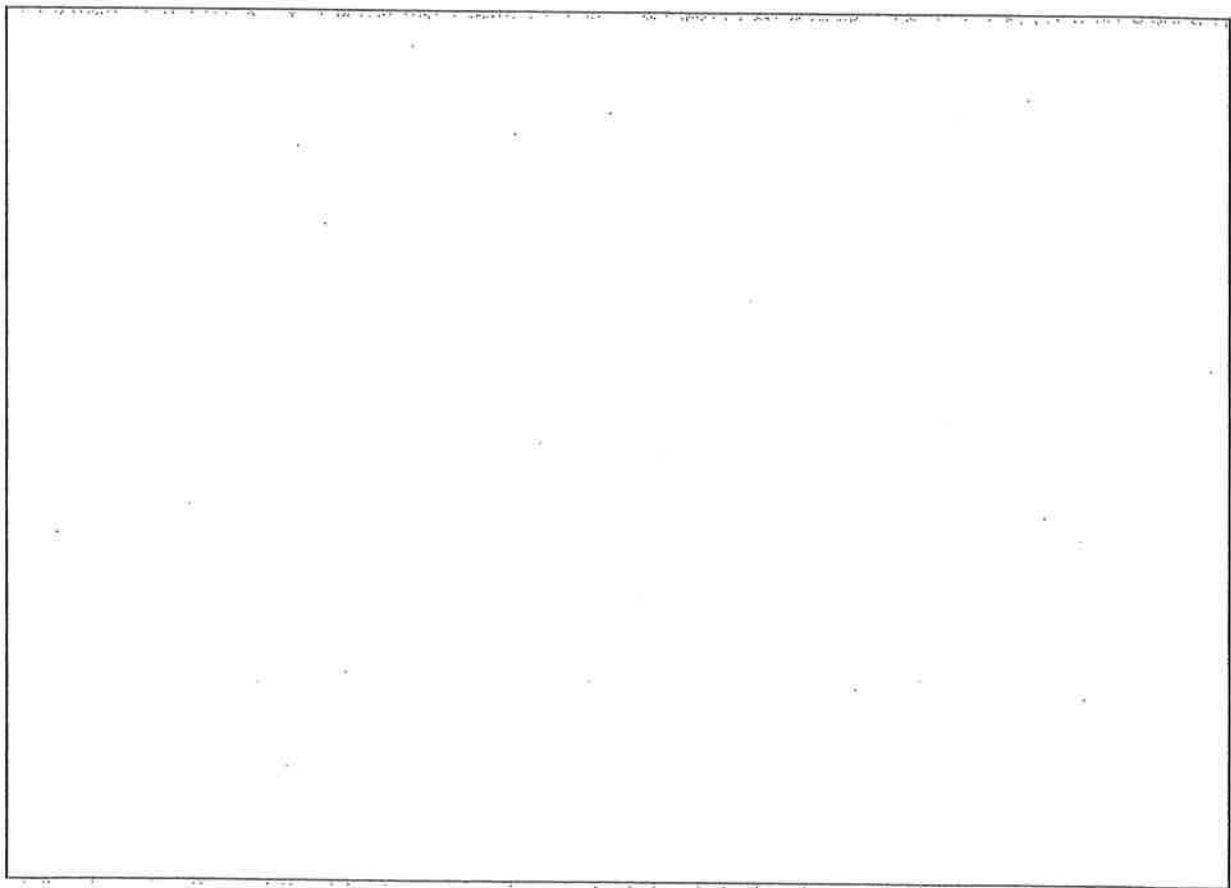
Community Activities: List the community activities and your specific involvement that you have participated in during the past (5) years.

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:



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

Signature of Applicant: _____

Date: _____
