

Brad Reece Memorial Scholarship

HIGH SCHOOL SCHOLARSHIP APPLICATION 2026

This scholarship is open to JCHS graduating seniors who plan to pursue post-secondary education in a medical field.

Please type your answers.	
1.	Last Name: First Name:
2.	Mailing Address Street: City: State: Zip:
3.	Daytime Telephone Number: () Email Address:
4.	Date of Birth: Month Day Year Gender:
5.	A. Current transcripts. B. Letters of recommendation from 2 teachers.
6.	Name of post-secondary school attending:
7.	Program of Study/Undergraduate Degree:
8.	Name & address of parent(s) or legal guardian(s): (Include address if different than your own listed in Question 2.) Name(s) : Street: City: State: Zip: Home phone of parents or legal guardians: Work phone:

9. On a separate sheet please provide a typed essay (250 - 500 words) answering the questions below:

Why you desire to seek a career in health care. Also, discuss in your essay about any challenges or obstacles you have dealt with and overcome in life and how this will help you succeed in college and beyond.

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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 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:** _____

Checklist

- ☐ Application
- ☐ Essay
- ☐ School Transcript
- ☐ Letters of Recommendation

SEND COMPLETE APPLICATION PACKAGE TO:

Sonya Hammons shammons@jocoed.net

Brittany Evans bevans@jocoed.net

REMINDER:

The deadline for this application to be received is:

Thursday, April 2, 2026 NO EXCEPTIONS!