



GRANT IN MEMORY OF TOM REILLY

How To Apply

Please fill out the following application completely and include all requested attachments. The applicant should either mail (2) copies of the completed application and attachments or email/scan the application and attachments:

Brave Hearts for Strong Minds Grant in Memory of Tom Reilly

Attn: Grant Coordinator

P.O. Box 564

Fort Washington, PA 19034

grants@braveheartsforstrongminds.org

- I. **Grant Application**
All applicants must complete the application form.
- II. **Academic Performance**
Attach or have your school mail one official copy of your current or high school transcript showing your overall grade point average. Cumulative GPA must be a minimum 2.5.
- III. **Post - Secondary Plan**
Provide a copy of your official school/college/university acceptance letter.
- IV. **Student Essay**
A typewritten essay is required of each applicant. Your full name should be included at the top of each page. Pages should be numbered and stapled together. The essay should be answered by a minimum of two standard double-spaced pages. In answering the question, please include the challenges you've had to overcome in dealing with the loss of your parent.

"How will this grant affect you and your family?"
- V. **Two Letters of Recommendation**
One letter of recommendation must be from a teacher, counselor or principal who knows you well. One letter of recommendation can be from a person of your choice.
- VI. **Additional Documentation**
Copy of death certificate of deceased parent



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Grant Application

> APPLICANT INFORMATION

Applicant's Full Name _____

Street Address _____

City, State, Zip Code _____

Phone Number _____

Email Address _____

Date of Birth _____

Gender Male Female

U.S. Citizen Yes or No

Attending School / College / University _____

Field of Study _____

> PARENT OR GUARDIAN INFORMATION

Parent/ Guardian Name _____

Street Address _____

City, State, Zip Code _____

Phone Number _____

Email Address _____

> STUDENT EDUCATION INFORMATION

High School _____

Street Address _____

City, State, Zip Code _____

Phone Number _____



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Grant Application

> STUDENT EDUCATION INFORMATION (Continued)

Graduation Date _____

Honors, Extracurricular, Activities, and Offices Held

> OTHER EXPERIENCES

Work Experience

Community Service



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> APPLICANT, PARENT/LEGAL GUARDIAN AND BHSM AGREEMENT

Both applicant and parent or legal guardian must read the following statements and sign as indicated.

- If selected for this grant, the applicant agrees to provide Brave Hearts for Strong Minds (BHSM) with a minimum of two photos of the applicant/family members. The applicant further agrees to give BHSM permission to use the applicant's name, photos of applicant/family members, and essay information on the official website at: www.braveheartsforstrongminds.org. The organization may also use the information and photos on its social media pages and in other promotional materials.
- BHSM reserves the right to change the grant program at any time, including available grants, deadlines, requirements, award amounts, or other program details without prior notice and accepts no responsibility for the consequences of such changes.
- BHSM reserves the right to not award grants if, in their opinion, no qualifying applications are received.
- BHSM reserves the right to disqualify applicants who are found to have been dishonest or to have misrepresented themselves.
- BHSM reserves the right to withdraw a grant if a student withdraws from school during the award year, fails to maintain a 2.5 GPA or other grave instances of misconduct. Student is required to notify BHSM of any change of major from that specified in the grant application.
- The information provided in this application is accurate to the best of the applicant's knowledge. Applicants understand misrepresentations may constitute fraud, which may result in the loss of eligibility of this grant or have other legal consequences. Permission is given to the Selection Committee of Brave Hearts for Strong Minds to review student transcripts and other personal information.

In the case of conflict among these policies, the most stringent policy shall apply.

Applicant Signature **Print Name** **Date**

Parent or Guardian Signature **Print Name** **Date**