Church of the Brethren

Healthcare Education Scholarship Application Checklist

PLEASE PROVIDE THE FOLLOWING VIA EMAIL TO DLF@BRETHREN.ORG FOR YOUR APPLICATION FILE:

LETTERS OF REFERENCE:

- **From your Church of the Brethren pastor:**
  - Ask (him/her) to prepare a letter on church letterhead, complete with their signature.

Two letters of reference from either source:

A practitioner letter: clinicians, research mentors, and all other professionals

- The letter must have their signature and should be on letterhead.

A personal letter:

- They can send a letter with their signature.

❑ **Official Transcript:**

- From the most recent school you have attended. Please provide additional college transcripts if available.

❑ **Photo and Consent:**

- Submit a **.jpg photo** for publicity purposes. The photo should show you in your professional uniform or attire and, if possible, demonstrate the work you are preparing to do in your health care field.
- By applying for this scholarship, you consent to the Church of the Brethren using your **photo, name, and selected quotes from your application** for scholarship-related publicity purposes.

❑ **Completed Healthcare Scholarship Application Form.**

❑ **Documentation of acceptance from a Nursing, Medical, Dental, or other frontline healthcare degree program.**

❑ **Documentation of the content of the program.**

If you have any questions about the application process, please contact Discipleship & Leadership Formation during regular business hours at (847) 429-4303 or dlf@brethren.org.

Thank you,
Jazmín Góngora
Church of the Brethren Scholarships
dlf@brethren.org