

The Ladies of Brookridge Scholarship Committee
8119 Dellrose Avenue
Brooksville, FL 34613

January 28, 2026

Dear Senior:

Congratulations on your upcoming graduation. Have you considered your next step in your education? The Ladies of Brookridge would like to assist you. We are offering scholarships to Hernando County seniors. Scholarship applications are available at your school guidance council office. The requirements are as follows:

Complete application in full. Be as specific as possible.

Submit a brief essay (300-400) word count on the following: Your choice of a major and future goals. What was your favorite school subject and why? Name an individual who has inspired you and how. What do you feel are your greatest strengths and your greatest challenges?

Two letters of recommendation are necessary and should come from your guidance counselor, principal or any of your teachers. Recommendations should be submitted on school letterhead.

Enclose a copy of your official high school transcripts. Please get them from your Counselor. Your grade transcripts must be in a sealed envelope and **MUST REMAIN SEALED**- if opened we cannot accept them.

Make sure your application is signed.

Please send your application to the name and address listed below postmarked by March 31, 2026, deadline. All applications must be received by mail only, no drop offs will be accepted. Applications postmarked after the deadline will not be accepted. Please accept our best wishes for success in your future endeavors. Scholarship recipients are usually notified two weeks following our application deadline. This award is to be used for books and tuition only and will be paid directly to the educational institution that you will be attending. Good luck!

Sincerely,



Beverly Epstein
8119 Dellrose Avenue
Brooksville, FL 34613

**LADIES OF BROOKRIDGE
SCHOLARSHIP APPLICATION**

Name _____ Age _____ Sex _____
Address _____ Phone _____

To what College/Universities have you applied and what is the status of each application?

School _____ State _____ Cost (per year) _____
Status: (Accepted/Pending)

School _____ State _____ Cost (per year) _____
Status: (Accepted/Pending)

Are you a member of any of the following: Beta Key N.H.S. IB Allied Health
(Please circle those that are a yes)

List any high school offices held, honors, or awards received.

List all other school clubs, sports, or other activities: _____

List any volunteer positions in your school, church or community:

How are you planning to finance your education?

Please include any additional circumstances that make it necessary to seek financial help.
(Please be as specific as possible)

Parent(s) or Legal Guardian _____

Address: _____

_____ Phone _____

Signature of Applicant _____

Signature of Parent or Guardian (if minor) _____

Applications will be held by the Scholarship Committee for one year from the date received and then destroyed.

Applications received or postmarked after 7/1 will not be eligible for consideration.

FINANCIAL NEED

Have you applied for FAFSA? If so, what is your EFC score _____

Do you have a prepaid college plan: (please circle) Yes No

Total amount saved for college: _____

Are you currently employed: Yes No Weekly hours _____

Employer

Dates of employment

Position

Are you eligible/applied for any merit scholarships or grants from the school you will be attending?

If so, specify the type and the amount: _____

Are you eligible for a Bright Futures scholarship? Yes No

Are you eligible for a Pell Grant? No Yes Applied

If so what is the amount? _____ (pending/ received)

List all other scholarships/grants you have applied for and amounts expected or received.
Circle appropriate response

Source _____	Amount _____	(pending/received)
Source _____	Amount _____	(pending/received)
Source _____	Amount _____	(pending/received)
Source _____	Amount _____	(pending/received)