

BMYD Scholarship Fund Criteria

About Us

Bright Minds Youth Development, Inc. (BMYD), is a nonprofit youth service organization founded by David Bright in Jacksonville and incorporated in 2011 in the State of Florida. We received IRS 501(c)(3) tax-exempt status in early 2012.

Vision

Our vision is to cultivate young minds for excellence and success by providing opportunities, skills, experience, exposure and positive challenges for children, teens and young adults ages 5-21 in Florida to improve their quality of life.

Mission

Our mission is to provide youth and young adults opportunities to explore and develop their talents, while gaining critical skills for leadership, education, health, work and beyond.

Purpose

The BMYD Scholarship Fund awards scholarships to college-bound high school seniors based on demonstrated academic achievement, financial need, and an express interest in pursuing and furthering their education.

Criteria

The students eligible for assistance must be attending high school in Clay County. Students must continue their education at a two/four-year college, university, trade or vocational school. Consideration of the BMYD scholarship will be given to those students who display academic achievement, community service record (**minimum of 75 hours w/ BMYD**), and a 500-700-word essay.

Guidelines

Students should submit a scholarship application on the form provided by the Bright Minds Youth Development, Inc. Scholarships will be awarded on an annual basis. Students must attend classes and maintain no lower than a 2.7 grade-point average (verified transcript).

Amount

Scholarships awarded will be a minimum of \$1,000 to be paid the student's school of choice.

Deadline

Applications will be accepted starting January 1, 2020, until March 31, 2020. Please submit application online to the BMYD office located at 1857 Wells Rd. Suite #222 Orange Park, FL 32073. This scholarship is not renewable. Only high school seniors who will be attending a two/four-year college, university, trade or vocational school are eligible to apply. Previous scholarship recipients cannot re-apply.

BMYD Scholarship Fund

Please **type** or **print** your answers. If application is illegible it will not be considered.

1.	Last Name: _____	First Name: _____
2.	Mailing Address: Street: _____ City: _____ State: _____ ZIP: _____	
3.	Daytime Telephone Number: _____	
4.	Date of Birth: Month _____ Day _____ Year _____	
5.	High School presently attending: _____	
6.	Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA. Your most recent official school transcript required.	
7.	Anticipated graduation date: _____	
8.	I will be attending the following school in the <u>Fall of</u> _____ Name: _____ Address: _____ City/State/Zip _____ Financial Contact Name: _____ Proof of acceptance or current student enrollment from the above school is required prior to receipt of funds	
9.	What specialty/major do you plan to pursue? _____	
10.	How many hours of credit will you be taking per semester? _____.	
11.	Estimated date of college/trade/vocational school graduation: _____	
12.	Name & address of parent(s) or legal guardian(s): Name: _____ Address: _____ City, State, Zip _____ Phone Number of parents or legal guardian: _____	

BMYD Scholarship Fund

15.	What are your educational and professional goals and objectives? (Attach if preferred)
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16.	List any academic honors, awards and memberships (Attach if preferred)
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17.	List your community service activities, athletics, hobbies, outside interests, and extracurricular activities: (Attach if preferred)
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18.	<p>Personal Essay</p> <p>On a separate attachment, please explain how you have overcome adversity and what impact did this experience have on the life choices you have made and your plans for the future?</p>
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BMYD Scholarship Fund

19.	If you received the scholarship, would you be willing to speak and/or write something for our website on how we have helped you in your plight for success? Yes No Maybe
20.	We are interested in hearing about how you heard about BMYD's Scholarship Program; please let us know how you heard about us.
21.	The following items must be attached to this application in order for the application to qualify to be reviewed by the scholarship committee. Incomplete applications will not be considered.
	Two reference letters. Return these completed documents in a sealed envelope One letter must be from a teacher and one must be from an adult leader in the Bright Minds Youth Development, Inc. program you have participated in.
	Most recent <u>official</u> high school transcript.
	Essay

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the scholarship program.

Signature of scholarship applicant: _____

Date: _____

REMEMBER

Please return all required materials to:

Bright Minds Youth Development, Inc
 1857 Wells Rd. Suite #222B
 Orange Park, FL 32073