The Bryant Searcy Scholarship Foundation is a nonprofit organization founded in January 2022, in honor of fallen Wayne County Deputy Corporal, Bryant Searcy. Bryant loved many and was loved by many. Corporal Searcy lived, and modeled a truly honorable life, he was murdered in the line of duty on September 2, 2020. He had so much more to give. His mission in life was to be a positive influence with everyone he met. Sadly, he will never have the opportunity to fulfill his lifelong passions. However, through the Bryant Searcy Scholarship Foundation his legacy will live on.

Award Amount: \$2,500.00 *One Time Award Per Recipient*

To apply for and receive this scholarship you must:

- 1. Be a current resident of Detroit, Michigan or Metro Detroit area
- 2. Be a current graduating student of one of the following:
 - Detroit Public School Community District (DPSCD) high school
 - Metro Detroit area private high school
 - Metro Detroit area charter high school
- 3. Submit proof of acceptance to a full-time program at a 4-year accredited college or university for the 2024-2025 academic year.
- 4. Submit the application by May 20, 2024 electronically signed by you and your parent/guardian
- 5. Minimum 2.5 overall cumulative GPA required. An official transcript must be submitted to <u>tbssfgb@gmail.com</u>by a school official
- 6. Include a one-page double spaced essay on the topic: What are your career goals? How will this scholarship contributes to those goals?
 - Essay must be typed using size 12 Times New Roman font, double-spaced, one-inch margins
- 7. Provide 2 letters of recommendation
 - \checkmark (1) School recommendation
 - \checkmark (1) Community or Church recommendation
- 8. The Application Package along with the Essay must be returned via the website by the deadline date of May 20, 2024

Directions: Complete all information requested below.

I. Applicant Information						
First Name	Middle Nam		ame		Last Name	
Street Address						
City		State		Zip		
Home Phone	Cell Phone		E-mail Address			
Date of Birth (Month/Day/Year)						
High School						
Name of School Currently Attending:			Counselor's Name		Overall GPA	
Address		City		State		Zip
Anticipated College/University and Major						
College/University		Location (City and State)				
Intended Major/Field of Study		Intended Minor/Field of Study (not required)				

II. Family Information

Name of Mother/Guardian			
Mother/Guardian's Address (if different from applicant's)	City	State	Zip
Mother's Phone Number			
Name of Father/Guardian			
Father/Guardian's Address (if different from applicant's)	City	State	Zip
Father's Phone Number			
Number of Family Members in the Household	ers in the Number of Family Members currently in college		

Page 3 of 6

List any family members in your household currently in a post high school program (ex: college/university, community college, vocational/trade school)	List name of the educational institution
1.	
2.	
3.	
4.	

III. Extra-Curricular/Community Service/Volunteer Experience/Activities (e.g., school, religious, social groups)

Nome of Crown (Activity/Convice	Grade (Check boxes that apply.)		apply.)	Loodership Desition(s) Hold places list	
Name of Group/Activity/Service	9	10	11	12	Leadership Position(s) Held, please list
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

IV. Work Experience		
Employer/Organization	Date of Employment/Service	Position Held
1.		
2.		
3.		
4.		

V. Honors and Awards (e.g., academic	, athletic, community)	
Award	Source of Award	Reason(s) for Award
1.		
2.		
3.		
4.		
5.		

VI. Financial AwardsScholarships, Grants, or Awards that You Have ReceivedAwarding OrganizationAmount Awarded1.1.1.2.3.1.3.1.1.4.5.1.

VII. Additional Information (OPTIONAL)

If you have any additional information, you feel will assist in evaluating your need and eligibility, please state below. Please attach a separate document with this information.

I hereby certify the information provided in this application is accurate and current. My signature also confirms that I am a resident of Detroit Metro area. I understand this application packet will be kept confidential. All materials submitted become the final property of The Bryant Searcy Scholarship Foundation and will not be returned.

Signature of Applicant

Signature of Applicant's Parent or Guardian

Date

Date

Page 4 of 6

Media Release and Photography Form

I _________(Parent's name) understand that my child may be photographed in connection with his/her application for the scholarship award. I give permission for The Bryant Searcy Scholarship Foundation; also known as TBSSF; to publish on the Internet his/her name, in media still photographs ("pictures") or video that may be taken of my child without payment or any consideration and without notification. I understand and agree that these images will become the property of The Bryant Searcy Scholarship Foundation which shall have complete ownership of the Images. I hereby irrevocably authorize The Bryant Searcy Scholarship Foundation to publish or distribute these Images for the purpose of publicizing The Bryant Searcy Scholarship Foundation program or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my child's likeness appears. Additionally, I waive any rights to royalties or other compensation arising out of or related to the use of the Images.

I hereby hold harmless, release, and forever discharge The Bryant Searcy Scholarship Foundation and any of its owners; employees, representatives, agents, and assignees from any and all claims, costs, suits, actions, judgments, and expenses which my child, his/her heirs, representatives, executors, administrators, or any other persons acting on his/her behalf have or may have by reason of the use of the Images.

This release specifically includes, without limitation, a complete release and discharge of any liability by virtue of any editing, distortion, alteration, or optical illusion, whether intentional or otherwise, that may occur or be produced in the taking of or editing of said Images, unless it can be shown that such was maliciously caused, produced, and published solely for the purpose of subjecting my child to conspicuous ridicule, scandal, reproach, scorn, and indignity.

Signature of parent or legal guardian (If under 18 years of age) Date

Scholarship Application Checklist

Use the checklist below to ensure you have completed and submitted all required materials to receive consideration for the scholarship award.

All	ur application packet <u>must</u> be received by the deadline date of May 20, 2024. applications that are incomplete (missing items) and/or handwritten and/or late will <u>not</u> be nsidered.
	A computer typed and completed application. Handwritten applications will not be reviewed
	Electronic applicant signature, at the end of the application.

Applicant's parent(s) or guardian(s) electronic signature, at the end of the application.

Media release and photography form electronically signed by a parent or guardian.

An <u>official</u>, <u>signed</u> high school transcript must be emailed by school official to _ (Student must request transcript).

Attach a <u>one-page</u>essay on the topic: "How I will use my education to give back to the city of Detroit". *Essay must be typed using size 12 Times New Roman font, double-spaced, one-inch margins.*

Recommendation letter from school staff member.

Recommendation letter from a community or church leader.

Submit application and pertinent documents via email to: ______

Additional Information (OPTIONAL)

NO APPLICATIONS WILL BE ACCEPTED AFTER THE MAY 20, 2024, DEADLINE