



Dr. Robert O. Brennan

S C H O L A R S H I P 2 0 2 6

Dear Applicant:

The Dr. Robert O. Brennan Scholarship was established in honor of Dr. Robert Owen Brennan, a longstanding Board Member of the Coalition for Health, Advocacy, and Prevention (CHAP) and local Board-Certified Infectious Diseases and Internal Medicine Physician. His compassion and dedication towards motivating our youth to strive for excellence continues to inspire future generations. This award recognizes students pursuing a higher level of education and symbolizes the same vision, values, integrity, and passion that Dr. Brennan demonstrates throughout his professional and personal life. To apply for and receive this scholarship you must:

1. Currently be a high school senior attending a public, private, charter or parochial high school.
2. Have an overall grade point average of at least 2.50 or higher (based on a 4.0 non-weighted scale).
3. Be A Legal Resident of Virginia
4. Intend to enroll in a full-time program at an accredited college, university, vocational, or trade school during the **2026-2027** academic year.
5. Provide an Official Sealed, Signed High School Transcript in a separate sealed envelope (parchment transcripts are permitted).
6. Provide two (2) Typed letters of recommendation from any of the following persons (no more than one per category)
 - High School Educator
 - Community Leader
 - High School Administrator
 - Minister
 - Organizational Sponsor
 - Employer
 - Volunteer Coordinator

All letters must include contact information of the person providing the recommendation and must be signed in ink. Recommendations from family members in the categories above will **not** be accepted.

7. A Typed one-page Position Statement on **“The importance of schools and communities prioritizing mental health and other essential health services or resources to adolescents and young adults in our community.”**
(computer generated, size 12 Times New Roman font, double-spaced, one-inch margins)
8. Provide a senior picture if selected for the scholarship (jpeg format).
9. **Participate in the CHAP Scholarship Award Ceremony in early August, if selected for the scholarship.**
10. Provide verification of your enrollment into an accredited college, university, vocational, or trade school before you can receive scholarship as a condition of award.

Please Submit Your Completed *Typed* Application (No hand-written applications will be accepted.) to:

Scholarship Committee • Dana Whitted, Scholarship Chair
CHAP Youth Summit Committee • P.O. Box 161 • Lynchburg, VA 24504

ALL DOCUMENTS MUST BE SUBMITTED ELECTRONICALLY OR BY US AND POSTMARKED BY May 15, 2026.

If you have questions regarding this scholarship, please contact Dana Whitted at Dana.Hawkins13@gmail.com or 434.509.2444.





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(1) Applicant Information			
FIRST NAME	MIDDLE NAME	LAST NAME	GENDER
STREET ADDRESS			
CITY		STATE	ZIP
HOME PHONE	MOBILE PHONE	E-MAIL ADDRESS	
DATE OF BIRTH (Month/Day/Year)		PLACE OF BIRTH (City and State)	
High School			
HIGH SCHOOL ATTENDING		GRADE	OVERALL GPA
EXPECTED GRADUATION DATE			
ADDRESS		CITY	STATE
		ZIP	
College/University and Major			
PREFERRED COLLEGE/UNIVERSITY		LOCATION (City and State)	
INTENDED MAJOR/FIELD OF STUDY		INTENDED MINOR/FIELD OF STUDY	
(2) Parent/Guardian Information			
NAME OF MOTHER/GUARDIAN			
ADDRESS		CITY	STATE
		ZIP	
MOTHER'S WORK PHONE		MOTHER'S MOBILE PHONE	
NAME OF FATHER/GUARDIAN			
ADDRESS		CITY	STATE
		ZIP	
FATHER'S WORK PHONE		FATHER'S MOBILE PHONE	
(3) Work Experience			
EMPLOYER/ORGANIZATION	DATE OF EMPLOYMENT/SERVICE	POSITION HELD	
(1)			
(2)			
(3)			





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(4) Colleges and Universities

NAME OF SCHOOL TO WHICH YOU APPLIED	CITY/STATE	STATUS OF APPLICATION
(1)		
(2)		
(3)		
(4)		
(5)		

(5) Honors and Awards (e.g., academic, athletic, athletic, community, and/or school awards)

AWARD	SOURCE OF AWARD	REASON(S) FOR AWARD
(1)		
(2)		
(3)		
(4)		
(5)		

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

NAME OF GROUP/ACTIVITY/SERVICE	GRADE (Check Boxes That Apply)				LEADERSHIP POSITION(S) HELD
	9	10	11	12	
(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(7) Other

Indicate any additional information not previously shared in this application that you feel the CHAP Scholarship Committee should consider in evaluating your need and eligibility for this scholarship.

