



## Dr. Stephen Brooks' Memorial Scholarship

### ABOUT THE DONOR:

Dr. Stephen Malone Brooks (September 10, 1950 - Sunday, July 2, 2023) was an exemplary physician and beloved philanthropist. The inspiration of his parents fueled his passion for success and service; his father's encouragement led him to pursue medicine, while his mother instilled in him a drive to achieve high academic excellence. He also had a love for sports and participated in several sports while growing up including football, basketball, and baseball. Upon graduation from high school, he attended Stanford University for his undergraduate studies and Harvard Medical School for his medical degree. Upon completion of his residency in Ophthalmology at the University of Florida in Gainesville, Florida, he established his Ophthalmology practice in Orlando, Florida.

Dr. Brooks was a member of Mt. Pleasant Missionary Baptist Church of Orlando and was passionate about helping those who were in need. He served on the "Feed the Homeless" Ministry and continued his mission of service to those in need by volunteering many hours with a nonprofit organization that performs free eye surgery in underprivileged countries. In addition, he was a member of several service organizations and fraternities who provided opportunities for youth to become all they are inspired to be and to achieve at their highest level of academic potential.

The Dr. Stephen Brooks' Memorial Scholarship was established to provide financial support to a student at Mt. Pleasant Missionary Baptist Church of Orlando who would like to realize his/her dream of academic success following high school graduation. The scholarship will provide \$2,500.00 to a student who meets the required qualifications and is selected by the Scholarship Application Review Committee. The scholarship may be renewed for up to three years if the student continues to meet the specific requirements.

### ELIGIBILITY REQUIREMENTS:

- Be a graduating high school senior in May 2026
- Be accepted into an accredited college/university
- Have a minimum 3.0 GPA (unweighted)
- Exhibit characteristics of a productive citizen of Orange County and Mt. Pleasant Baptist Church
- Submit a 500-600 - word essay on "How your efforts to serve others have benefitted you, your church and/or your community."
- Submit (2) two letters of recommendation. One from School Dean or Teacher and one from a Mt. Pleasant Youth Supervisor.
- Proof of college acceptance and other pertinent information including official high school transcript.

**APPLICATION DEADLINE: April 20, 2026**

**Submit Application and supporting documentation to:  
MTP CDC P.O.BOX 616988, ORLANDO, FL 32861-6988**

**The Dr. Stephen Brooks Memorial Scholarship will be awarded on May 17, 2026.**



# DR. STEPHEN BROOKS' MEMORIAL SCHOLARSHIP APPLICATION

## PERSONAL INFORMATION:

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City State Zip Code

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

## FAMILY INFORMATION:

Father's Name (First, Middle, Last):

\_\_\_\_\_

E-Mail \_\_\_\_\_ PHONE: \_\_\_\_\_

Mother's Name (First, Middle, Last):

\_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

## EDUCATION:

Name of High School: \_\_\_\_\_

GPA: \_\_\_\_\_ ACT SCORE: \_\_\_\_\_ SAT SCORE: \_\_\_\_\_



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**EXTRACURRICULAR ACTIVITIES** (Attach additional pages, if necessary).

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What College do you plan to attend? \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone #: \_\_\_\_\_

What is your anticipated Major: \_\_\_\_\_

Have you received a Letter of Acceptance? \_\_\_\_ If yes, please attach a copy.

## ACKNOWLEDGMENTS

- I Certify that the information presented on this application is truthful and complete to the best of my knowledge.
- I further understand that withholding requested information or knowingly providing false information will disqualify me from consideration.
- I grant full publishing rights to use and/or publish information contained in this application (name, bio, photo, scholarship amount).

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if applicant under 18)

\_\_\_\_\_  
Date

