

## **Burgess Auxiliary 2019 Scholarship Application**

Name:	Birth Date:	Telepl	hone:	
Address:		Parent's Telephone:		
Have You Received a Burgess Auxil	iary Scholarship Previously?	$\square$ Yes $\square$ No		
School Attending Currently:		Chosen Career Field:		
Reason(s) for This Career Field Choi	ice:			
Courses Taken in Preparation for a C	Career in Healthcare:			
List Experience Related to This Care hospital or nursing home, etc. is help experience at a Burgess Health Center	ful, but not mandatory). Pref	ference will be given	to those having	
Name and Address of College or Inst	titution You Will Attend or A	are Attending:		
Items That Must Be Included With	n Application:			
A. Three Letters of Recommendation	on			
1. School Teacher	Name:	I	B. Your personal letter	
2. School Counselor	Name:		explaining to the Auxiliary why you	
3. Work/Volunteer Supervisor	Name:		believe you are	
4. Church Leader	Name:		deserving of this scholarship	
5. Community Leader	Name:		C. Academic transcripts	
		•	. Academic transcripts	

Applications and All Items Requested Must Be Received by

Mrs. Ann Hutchson, Scholarship Chairperson, 1604 Cameo Street, Onawa, IA 51040

No Later than 1 April 2019

If You Do Not contact Mrs. Hutchson at 1604 Cameo Street, Onawa, IA 51040 by

## **January 15, 2020**

as to whether you will or will not be continuing to pursue a career in the medical field,

## scholarship funds will not

be submitted to your college or institution.

The Auxiliary awards five \$500 scholarships each year. Scholarship checks are sent directly to the college or institution, and are available at the beginning of the second semester.

Students Are Eligible to Receive a Scholarship Twice