



Burgess Auxiliary 2019 Scholarship Application

Name: _____ Birth Date: _____ Telephone: _____

Address: _____ Parent's Telephone: _____

Have You Received a Burgess Auxiliary Scholarship Previously? Yes No

School Attending Currently: _____ Chosen Career Field: _____

Reason(s) for This Career Field Choice: _____

Courses Taken in Preparation for a Career in Healthcare: _____

List Experience Related to This Career Field; Give Details (employment, job shadowing, or volunteering at a hospital or nursing home, etc. is helpful, but not mandatory). Preference will be given to those having experience at a Burgess Health Center facility. _____

Name and Address of College or Institution You Will Attend or Are Attending: _____

Items That Must Be Included With Application:

A. Three Letters of Recommendation

- | | |
|------------------------------|-------------|
| 1. School Teacher | Name: _____ |
| 2. School Counselor | Name: _____ |
| 3. Work/Volunteer Supervisor | Name: _____ |
| 4. Church Leader | Name: _____ |
| 5. Community Leader | Name: _____ |

B. Your personal letter explaining to the Auxiliary why you believe you are deserving of this scholarship

C. 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