



## Burgess Auxiliary 2020 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 2020**

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

**January 15, 2021**

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***