



BURGESS
Auxiliary

Burgess Auxiliary 2021 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 recieved by **Mrs. Rhonda Willey**, Scholarship Chairperson,
25271 Co. Hwy 45, Onawa IA 51040
No later than April 15 2021

If You **DO NOT** contact Mrs. Willey at 25271 Co. Hwy 45, Onawa, IA 51040 by

January 15, 2022

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