



BURGESS
Foundation

Burgess Foundation 2024 Scholarship Application

Name: _____ Birth Date: _____ Phone: _____

Address: _____ Parent's Phone: _____

Have You Received a Burgess Foundation 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 why you believe you are deserving of this scholarship

C. Academic transcripts

D. Recent photo

Applications and
All Items Requested
Must Be Received by

Bobbi Johnson, Foundation Director
Burgess Health Center, 1600 Diamond Street,
Onawa, IA 51040

No Later than April 15, 2024

Scholarship Recipients: If you Do Not
contact Bobbi Johnson, Foundation Director
January 15, 2025

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 Foundation 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