



**BURGESS**  
Foundation

## **Burgess Foundation 2026 Scholarship Application**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Have You Received a Burgess Foundation Scholarship Previously? ☐ Yes ☐ No

School Attending Currently: \_\_\_\_\_ Chosen Career Field: \_\_\_\_\_

Courses Taken in Preparation for a Career in Healthcare: \_\_\_\_\_

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. Write a personal essay on why you deserve this scholarship, highlighting your career-related experience and relevant coursework in healthcare.***

#### ***C. Academic transcripts***

##### **Application Deadline:**

Applications and All Items Requested

Must be Mailed to:

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

**Postmarked No Later Than April 10, 2026**

##### **Scholarship Recipients:**

To ensure timely processing of your scholarship, please email Bobbi Johnson, Foundation Director, by **January 15, 2027**, with the following information:

1. The address of your school's Financial Aid Office.
2. Your spring semester class schedule.
3. College Student ID Number

For questions please contact Bobbi Johnson at [bjohnson@burgesshc.org](mailto:bjohnson@burgesshc.org) or at 712-423-9374.

*The Foundation awards up to three \$1,000 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.  
Winners will be notified on May 1, 2026.***