



## AUXILIARY APPLICATION FOR SCHOLARSHIP

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

SCHOOL YOU ARE CURRENTLY ATTENDING: \_\_\_\_\_

YOUR CHOSEN CAREER: \_\_\_\_\_

WHY DID YOU CHOOSE THIS CAREER? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COLLEGE OR INSTITUTION YOU PLAN TO ATTEND: \_\_\_\_\_

ADDRESS OF SAME: \_\_\_\_\_

COURSES TAKEN IN HIGH SCHOOL TO PREPARE YOU FOR THE CHOSEN FIELD: \_\_\_\_\_

\_\_\_\_\_

LIST ANY EXPERIENCE RELATED TO THIS FIELD (PAID, VOLUNTEER, GIVE DETAILS): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### INCLUDE WITH THIS APPLICATION:

- A. LETTER OF RECOMMENDATION FROM:
  - 1. SCHOOL TEACHER OR COUNSELOR NAME: \_\_\_\_\_
  - 2. YOUR WORK SUPERVISOR NAME: \_\_\_\_\_
  - 3. CHURCH OR COMMUNITY LEADER NAME: \_\_\_\_\_
- B. YOUR PERSONAL LETTER TELLING THE AUXILIARY WHY YOU THINK YOU ARE DESERVING OF THIS SCHOLARSHIP.
- C. 2 RECENT PICTURES (for publicity purposes) (Please write your name on the back of your photos).

### MAJOR REQUIREMENTS FOR SCHOLARSHIP APPLICANTS:

- 1. TRAINING TOWARD A HEALTH-CARE CAREER.
- 2. WORKED AT HOSPITAL OR NURSING HOME, ETC. (HELPFUL BUT NOT MANDATORY). (PREFERENCE WILL BE GIVEN TO THOSE HAVING BEEN EMPLOYED AT BURGESS HEALTH CENTER).
- 3. STUDENT ELIGIBLE TO RECEIVE SCHOLARSHIP TWICE.

ALL INFORMATION ASKED FOR ABOVE MUST BE TURNED IN BY APRIL 1, 2009.

Mrs. Ann Hutchson, Scholarship Chairman  
1604 Cameo Street  
Onawa, IA 51040

**\*PLEASE NOTE:** Scholarship money will be sent directly to the college and will be available at the beginning of the second semester.