



BURGESS
Foundation

Burgess Foundation 2025 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 11, 2025

Scholarship Recipients:

To ensure timely processing of your scholarship, please email Bobbi Johnson, Foundation Director, by **January 15, 2026**, 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 or at 712-423-9374.

The Foundation awards up to three \$1000 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, 2025.***