



## medical scholarship application

Burbank HealthCare Foundation offers educational scholarships to students who are enrolled in, or will be enrolled in, an accredited school of medicine, dentistry, nursing, pharmacy, or school of allied health and who reside in the Burbank, California area or who presently intend to practice in Burbank for at least three years upon graduation or completion of internship and residency.

To apply, complete this form and submit it to Burbank HealthCare Foundation, along with two letters of recommendation and a one page essay describing how you intend to contribute to the excellence of health care in the greater Burbank community upon completion of your studies and clinical requirements. In addition, you must have an official, sealed copy of your most recent transcript sent directly to Burbank HealthCare Foundation. Scholarships of up to \$10,000 will be made on an annual basis, and recipients who maintain a grade point average of 3.2 or greater will be eligible to apply for renewal of their grant for up to three years. Awards notifications are made in the Spring.

1. Name \_\_\_\_\_

2. Mailing Address \_\_\_\_\_  
*street*

\_\_\_\_\_ *city* \_\_\_\_\_ *state* \_\_\_\_\_ *zip*

3. Phone Numbers \_\_\_\_\_  
*home* \_\_\_\_\_ *cell*

4. Email address \_\_\_\_\_

5. High School attended \_\_\_\_\_  
*city*

6. Year Graduated \_\_\_\_\_ Cumulative High School GPA \_\_\_\_\_

7. University \_\_\_\_\_  
*city* \_\_\_\_\_ *state*

8. Major \_\_\_\_\_

9. Date of Enrollment \_\_\_\_\_

10. Please have an official, sealed copy of your most recent transcript sent directly to Burbank HealthCare Foundation to the attention of the Scholarship Committee.

11. Attachments required:

Two letters of recommendation.

One page essay describing how you intend to contribute to the excellence of health care in the greater Burbank community upon completion of your studies and clinical requirements.

Check the foundation website ([www.burbankhcf.org](http://www.burbankhcf.org)) for the next application deadline.

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12. Please sign and date this application.

I, the undersigned, certify the following:

- I am enrolled in, or will be enrolled in, an accredited school of medicine, dentistry, nursing, pharmacy or school of allied health;
- I reside in the Burbank, California area; and/or
- I intend to practice in Burbank for at least 3 years upon graduation or completion of my internship and residency.
- If I receive a scholarship, I will promptly inform the Burbank HealthCare Foundation of any changes in my personal mailing address, phone or email, prior to and throughout the award period.

All the information provided in this scholarship application is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this application to:**

**Burbank** HEALTHCARE FOUNDATION

200 W. Magnolia Blvd., Burbank, California 91502

Fax: 818.559.2427

*If you have any questions, please call 818.559.2423  
or email [info@burbankhcf.org](mailto:info@burbankhcf.org)*