

SHIRLEY BURGIN MEMORIAL SCHOLARSHIP

NOTICE OF SCHOLARSHIP OFFERING

ELIGIBILITY REQUIREMENTS:

- Be a resident of Johnson County Missouri
- Show financial need
- Be accepted and enrolled for the upcoming semester at an accredited college, university or technical school
- Show serious intent in the pursuit of a Health Services career, which includes technical, professional or advanced degrees in the fields listed below:

LPN/Registered Nurse	Dental Hygiene
Bachelor of Science in Nursing	Dental Lab
Pharmacist	Laboratory Technician
Physical Therapist/Assistant	Sanitarian
Occupational Therapist/Assistant	Radiology Technician
Dietician	Prosthetics
Nutritionist	Cardio-pulmonary/respiratory Therapist
Environmental Health	Emergency Medical Technician/paramedic

DEADLINE:

Application must be received by FRIDAY, MARCH 26, 2021

Recipient(s) will be announced at the regular meeting of the Johnson County Community Health Services Board of Trustees on **April 22, 2021.**

For More Information, Please Contact:

**Johnson County Community Health Services
723 PCA Road
Warrensburg, Mo 64093
660-747-6121 ext. 221**

Applications may also be obtained at johnsoncountyhealth.org

**SHIRLEY BURGIN MEMORIAL SCHOLARSHIP
APPLICATION FORM**

1. NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

HEALTH FIELD _____

SCHOOL/COLLEGE ATTENDING, OR APPLICATION MADE FOR:

NAME _____

ADDRESS _____

STARTING DATE _____ OR CREDITS/YRS COMPLETED _____

2. Please attach a brief background narrative on your community involvement, school activities (High School and/or current), awards received, employment experiences and career plans and goals. Include why you want the scholarship and what you expect this education to do for people needing health care. Please explain your need for this scholarship. Please mail the application and narrative to:

Johnson County Community Health Services
723 PCA Road
Warrensburg, MO 64093

3. Please obtain three (3) letters of recommendation from school faculty, employers, co-workers, or others who can serve as a reference. Forms are attached and should be mailed directly to us by your reference at the address above.

Applications/references may be emailed to johnsoncountyhealth@gmail.com

Signature of Applicant

Date

**SHIRLEY BURGIN MEMORIAL SCHOLARSHIP
LETTER OF RECOMMENDATION**

**Please return by Friday, February 26, 2021
Johnson County Community Health Services
723 PCA Road
Warrensburg, Mo 64093
johnsoncountyhealth@gmail.com**

Applicant's name:

Last First Middle

Your name: _____ Occupation _____

Your Address _____

Phone Number _____ Day _____ Evening _____

Please provide the following information on page 2 of this reference or on a separate sheet:

1. What is your connection to the applicant?
2. How long have you known the applicant?
3. Why do you think the applicant needs financial help?
4. What community projects and/or school activities has the applicant been active in?
5. In what ways will the applicant's chosen health field be of benefit to Johnson County?
6. Is there anything else about the applicant that will help us make a choice?

If you are an instructor or High School counselor/teacher, please supply the applicant's class rank and GPA.

_____ out of _____. GPA _____.

How would you rate the applicant in the following areas?

On a scale from 1-5, 5 being the highest, rate the applicant in the following areas.

- Character _____
- Citizenship _____
- Financial need _____

Signature

Date

LETTER OF RECOMMENDATION

- 1. WHAT IS YOUR RELATIONSHIP WITH THE APPLICANT?**
- 2. HOW LONG HAVE YOU KNOWN THE APPLICANT?**
- 3. TO THE BEST OF YOUR KNOWLEDGE, WHY DO YOU THINK THE APPLICANT NEEDS FINANCIAL ASSISTANCE?**
- 4. IN WHAT COMMUNITY PROJECTS AND/OR SCHOOL ACTIVITIES HAS THE APPLICANT BEEN ACTIVE?**
- 5. IN WHAT WAYS WILL THE APPLICANT'S CHOSEN HEALTH FIELD BE OF BENEFIT TO JOHNSON COUNTY, MISSOURI?**
- 6. PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT YOU FEEL MAY BE OF ASSISTANCE IN DETERMINING THE SCHOLARHIP RECIPIENT.**