Burr Rescue Squad, Inc.

P.O. Box 3, Burr, NE 68324

Medical/Health Field Scholarship Application

Full Name:_____

Mailing Address:_____

_____

High School You Will Graduate From:_____

Your Phone Number:_____

Intended Field of Study:_____

College/University You Will Attend:_____

Date of High School Grauation:_____

GPA:_____ ACT Composite Score:_____ Class Rank: _____ out of _____

School Counselor's Signature:_____

On a separate sheet of paper, type your answers to the following questions.

1. Please describe any work or volunteer work you have done that relates to the medical/health career field.
2. Why are you interested in a career in the medical/health field?
3. What are your plans for the future after high school graduation?
4. Please list the scholarships and amounts of each scholarship that you have received.

Please mail this form and the answers to the questions above to the following address before March 15th

Burr Rescue Squad, Inc.

P.O. Box 3

Burr, NE 68324