



medical scholarship application

1. Name

2. Mailing Address

City

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. If you are presently enrolled in a University, please provide current cumulative GPA

11. Attachments required:

Two letters of recommendation.

Most recent academic transcript.

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) for the next application deadline.

medical scholarship application pg. 2

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, or pharmacy;
- I reside in Burbank, California; 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*