Burbank HealthCare Foundation

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.

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