

Burr Rescue Squad, Inc.

P.O. Box 3 Burr, NE 68324

Medical/Health Field scholarship Application
For graduating High School Seniors from

Johnson County Central

Sterling

Syracuse

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Guidance Counselor's Certificate:

This applicant is a student in good standing and is scheduled to graduate
on _____.

Current class rank is _____ of _____ with GPA of _____.

Please provide your grading scale. ACT score _____; SAT score _____.

Counselor's signature

Intended field of study: _____ (Please refer to approved listing
subject areas.)

School to which you have been accepted: _____.

Please type the following four items.

1. Description of relevant work/volunteer history.
2. Paragraph concerning why you want to enter the Health/Medical field.
3. Plans beyond graduating.
4. Scholarships already received.

Please return this form by April 30