

**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 on a separate sheet of paper.**

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 March 31st**