The MacDonald Wood Burn Survivor Educational Scholarship Program

The MacDonald Wood Burn Survivor Educational Scholarship Program is open to Arizona residents who have survived a serious burn injury that required grafting surgery and an extended hospital stay. The program outline is detailed below; if you are eligible to apply, complete the Scholarship Application and submit with the other required documents.

First-time applicants should forward paperwork **at least one month** before the start of the semester/quarter in case there is additional paperwork required or missing items. Applicants who are renewing their scholarship requests should forward a copy of the previous semester/quarter transcript plus a copy of the invoice to be paid **as soon as available**.

**Purpose**
The intent of this scholarship program is to help give burn survivors:

- Opportunity for high school graduates to attain a Bachelor of Science/Arts
- Opportunity to obtain certification or degree from Technical School
- Opportunity for career change through a Bachelor of Science/Arts

**Scholarship Application Process**

**Eligibility**
- Resident of Arizona
- Burn Survivor
- 17 years of age or older, or else a special needs applicant
- Registered or enrolled in undergraduate diploma or certificate program at a state licensed and accredited institution
- Renewal applicants will no longer be eligible if a semester is not completed satisfactorily or applicant withdraws after the schools refund date.

**Application Requirements**
- Completed application form (plus letters, for first-time applicants)
- Completed Family Financial Profile (must be completed by parents if they are claiming you as a dependent on their income taxes)
- An up-to-date official transcript of grades from the previous quarter or semester or high school transcript for high school seniors
- List of required classes for degree or certification program you are enrolling in
- Renewal applicants are required to have passing grades in all courses and to retain a GPA at or above 3.0 (quarter/semester as well as cumulative)
- Renewal applicants are required to have volunteered for at least one Arizona Burn Foundation sponsored event the previous quarter or semester
- Must be enrolled as a fulltime student with at least 12 credit hours per semester.
Selection Criteria

- Ability to achieve academically
- Financial need
- On the recommendation of a counselor, teacher, or person aware of applicant’s ability and commitment to the educational program

Selection Decisions

- Scholarship amounts will be a maximum of $1,500 per semester and will be awarded no more than 8 semesters
  - Tuition will be paid directly to the educational institution
  - Books and supplies reimbursement will be paid either to the educational institution or directly to applicant upon delivery of receipt(s)

- Scholarship applicants will be contacted to schedule an in-person interview upon submission of completed application, financial profile form, official transcript, and required letters (for first-time applicants). All (new) applicants will be notified of award decision within three days following the interview.

Additional Information

- Quantity of scholarships awarded will vary depending on annual funding available; all eligible applicants may not be awarded a scholarship.

- Selection as a scholarship recipient does not imply a guarantee that any future scholarship will be awarded in subsequent semesters, regardless of achievement or eligibility.

- NO SCHOLARSHIPS WILL BE AWARDED TO APPLICANTS ENROLLED IN A GRADUATE DEGREE PROGRAM

- IF SCHOLARSHIP FUNDS ARE LIMITED, CURRENT RECipients APPLYING FOR RENEWAL WILL BE GIVEN PRIORITY OVER NEW APPLICANTS

2017/2018 Application Deadline

- Fall Semester- July 28, 2017
- Spring Semester- December 8, 2017
The MacDonald Wood Burn Survivor Educational Scholarship Application

Please print clearly

Name ___________________________________________ Are you an Arizona resident: Yes / No

Address_________________________________________ Phone #________________________

Email:__________________________________________

City ______________________ State _____ Zip Code _______ Birthdate___/___/____

If under 17 years of age, describe special educational needs for which you are applying:

______________________________________________________________________________

______________________________________________________________________________

College or Educational Institution ________________________________________________

Address_________________________________________ Phone #________________________

(Bursar’s Office mailing address)

City____________________________ State _____ Zip Code _______

Describe your burn injury and healing treatment (for example, when were you burned, the severity, your time spent in the hospital, and your subsequent surgeries and therapies) ______________________________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Describe your involvement with the Arizona Burn Foundation (for example, Burn Camp attendee or other program participation, event volunteer, etc.) ______________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
Describe your need for financial assistance; include a brief outline of the total estimated educational expenses for the quarter/semester and list all other sources of funding you will be receiving toward your education (e.g., assistance from parents, student loans, grants, other scholarships, reimbursement from employer, etc.)

If this is the first time you have applied for a MacDonald Wood Scholarship, include:

1. A letter describing the reasons why you would be a worthy recipient of the scholarship - include volunteer activities, academic achievement, your most important accomplishments, and your future goals.

2. Two letters of recommendation (can be a teacher, counselor, employer, family friend, etc.) regarding your commitment and ability to complete the educational program for which you are applying.

Signature ___________________________ Date ________________

Return completed form and letters to:

Arizona Burn Foundation
Attn: Scholarship Request
1432 N 7th Street
Phoenix, AZ 85006

Mik.milem@azburn.org, email
(602) 230-2041, Phone #
(602) 230-2157, Fax #
To discuss your eligibility for Arizona Burn Foundation programs, please complete this brief questionnaire. Your personal information will be kept confidential, and will only be used to establish your eligibility.

**1. CONTACT INFORMATION**

<table>
<thead>
<tr>
<th>Head of Household First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>Apt./Unit #</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
<tr>
<td>Home Phone</td>
<td>Cell Phone</td>
<td>Email</td>
</tr>
<tr>
<td>Male □ or Female □</td>
<td>Marital Status □</td>
<td>Spouse’s Name</td>
</tr>
</tbody>
</table>

# of Adults _____ and # of Children ______ in Household - Household: All people living in your home (all children, adults, or minors), non-related household members, parents, grandchildren, siblings, etc.

**How did you hear about ABF services?** □ ABF Staff, Name: ________________________________
□ Burn Center Volunteer, Name: ________________________________ □ ABF Website or Brochure
□ Burn Center Staff, Name: ________________________________

**2. BURN SURVIVOR INFORMATION**

<table>
<thead>
<tr>
<th>Burn Survivor First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age ______ Date of Birth (MM/DD/YY) _____ / _____ / _____</td>
<td>Male □ or Female □</td>
<td></td>
</tr>
<tr>
<td>Place of hospitalization</td>
<td>Length of stay ______</td>
<td></td>
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<tr>
<td>Date of burn (MM/DD/YY) _____ / _____ / _____</td>
<td>Percentage of body burned _____ %</td>
<td></td>
</tr>
<tr>
<td>Type of treatment/surgery required _____</td>
<td></td>
<td></td>
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<tr>
<td>Parts of body burned/affected by treatment(s) _____</td>
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<td></td>
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<tr>
<td>Cause of burn</td>
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</tr>
</tbody>
</table>

**3. DEMOGRAPHIC INFORMATION**

**Contact preference:** □ English or □ Spanish

**Are you a resident of Arizona?** □ Yes or □ No

**Does your family receive medical coverage through AHCCCS?** □ Yes or □ No

**Ethnicity:** □ Caucasian □ Hispanic □ African American □ Asian
□ Native American, Tribe: ______________________ □ Other ______________________

**Work Status:** □ Currently Employed – Employer Name: ______________________
□ Unemployed – Date: __________ □ Medically Disabled – Date: __________ □ Retired

**Education:** □ GED □ High School Diploma □ Some College □ Associate’s Degree
□ Bachelor’s Degree □ Post Grad
4. FINANCIAL INFORMATION

Current Source of Income:
- □ Full-time Employment
- □ Spouse Employed
- □ Part-time Employment
- □ Parent's Income
- □ Retirement Pension/Social Security
- □ SSDI
- □ Other government assistance:

Annual Household Income:
- □ Less than $17,505
- □ $17,506 to $23,595
- □ $23,596 to $29,685
- □ $29,686 to $35,775
- □ $35,776 to $41,865
- □ $41,866 to $47,955
- □ $47,956 to $54,045
- □ $54,046 to $60,135
- □ More than $60,135

Assets
- Checking
- Savings
- Stocks & Bonds
- Retirement Accounts
- Other:

Monthly Household Net Income
- Wages (net)
- Spouse's Income
- Family Member's Income
- Social Security (SSDI, SSI)
- Additional Disability
- Pension
- Veteran's Pension
- Retirement Income
- TANF
- Food Stamps
- Rental Income
- Dividends
- Other:

Total Monthly Income

Monthly Household Expenses
- □ Rent or □ Mortgage *
- Food
- Utilities
- Gas & Electricity
- Water
- Telephone
- Cell Phone
- Transportation
- Public Transportation
- Auto Payment
- Gasoline
- Medical Expenses
- Doctor Fees
- Hospital Payments
- Medications
- Dental
- Insurance
- Medical
- Auto
- Change Accounts
- Bank Cards
- Other

Total Monthly Expenses**

5. AUTHORIZATION

I authorize the release of this information to the Arizona Burn Foundation (ABF) to review my eligibility for ABF programs. I request and authorize the ABF to access or inquire about my healthcare treatment status and ongoing needs with all providers throughout my service eligibility period with ABF. This may include, but is not limited to, inpatient providers, post-acute treatment providers, outpatient clinics, and other treatment related entities that provide services for burn-related care.

Signature of Survivor (If under 18 years of age, parent/guardian sign) ____________________________

Today's Date ____________________________

Fax or email completed form to:
Director Community Programs, Arizona Burn Foundation
Fax: 602-230-2157 or mik.milem@azburn.org

Questions? Call: 602-230-2041

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