

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 during hospitalization. The program outline is detailed below; if you are eligible to apply, select the Scholarship Application button below to download or print a copy.

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 2.5 (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

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 notified of the selection decision within two weeks after receipt of the completed application, financial profile form, official transcript, and required letters (for first-time applicants).

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**



The MacDonald Wood Burn Survivor Educational Scholarship Application

Please print clearly

Date: ___/___/___

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 _____

What type of burn and subsequent treatment did you sustain? _____

Describe your involvement with the Arizona Burn Foundation (for example, Burn Camp 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 St.
Phoenix, AZ 85006**

**mik.milem@azburn.org, Email
(602) 230-2041, Phone #
(602) 230-2157, Fax #**



Family Financial Profile

CONFIDENTIAL

____/____/____
Today's Date Last Name

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

Head of Household First Name Middle Name Last Name

Mailing Address Apt./Unit #

City State Zip County

Home Phone Cell Phone Email

Male or Female Marital Status _____ Spouse's Name _____

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

Burn Survivor First Name Middle Name Last Name

Age _____ Date of Birth (MM/DD/YY) ____/____/____ Male or Female

Place of hospitalization _____ Length of stay _____

Date of burn (MM/DD/YY) ____/____/____ Percentage of body burned _____%

Type _____ of _____ treatment/surgery _____ required _____

Parts of _____ body _____ burned/affected _____ by _____ treatment(s) _____

Cause of burn _____

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



Family Financial Profile

CONFIDENTIAL

____/____/____
 Today's Date Last Name

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:

<input type="checkbox"/> Less than \$17,505	<input type="checkbox"/> \$29,686 to \$35,775	<input type="checkbox"/> \$47,956 to \$54,045
<input type="checkbox"/> \$17,506 to \$23,595	<input type="checkbox"/> \$35,776 to \$41,865	<input type="checkbox"/> \$54,046 to \$60,135
<input type="checkbox"/> \$23,596 to \$29,685	<input type="checkbox"/> \$41,866 to \$47,955	<input type="checkbox"/> More than \$60,135

Assets	Amount
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	
<input type="checkbox"/> Rent or <input type="checkbox"/> 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**	

Automobile	
Make	
Year	
Make	
Year	

* If you are not paying rent or a mortgage, please explain: _____

** If your monthly expenses are more than your monthly income, please explain how you are paying your bills each month: _____

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