



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.

Please note, all scholarship applicants will be notified of the selection decision within 30 days after receipt of the application, all required documentation and interview completion. All payments will be made to the school after scholarship acceptance.

Purpose

The intent of this scholarship program is to help burn survivors obtain a higher education.

Eligibility

- Resident of Arizona
- Burn Survivor
- 17 years of age or older
- Registered or enrolled 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
- Completed Family Financial Profile - completed by parents if they are claiming you as a dependent on their income taxes
- Registration for upcoming semester that includes cost of each course-Spring, Summer, Fall
- If requesting assistance with books, must submit class syllabus listing books or other materials required along with a cost sheet from school bookstore
- First time applicants:
 - Letter of Intent - Why you are applying; what are your goals; what this scholarship means to you; how this scholarship will help you meet your goals.
 - Two letters of reference - one personal, one professional
- Renewal applicants are required to submit an unofficial transcript showing passing grades in all courses and a GPA at or above 2.5 (quarter/semester as well as cumulative).

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

Application Process:

- Return completed application and all documents to:
Arizona Burn Foundation
Attn: Scholarship Request
1432 N 7th St.
Phoenix, AZ 85006
Email: programs@azburn.org
Phone #: (602) 230-2041
Fax #: (602) 230-2157
- All applicants will be required to complete a brief interview with the selection committee prior to approval/denial
- Scholarship approval will take up to 30 days from receipt of application and all required documentation

Additional Information

- Quantity of scholarships awarded will vary depending on annual funding available; all eligible applicants may not be awarded a scholarship
- 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
 - Book reimbursement will be paid either to the educational institution or directly to applicant upon delivery of receipt(s)
- 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
- **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: ____/____/____

New applicant: _____

Name: _____ Are you an Arizona resident: _____

Address: _____ Phone # _____

City: _____ State: _____ Zip Code: _____ Birthdate: ____/____/____
/

Email: _____

College or Educational Institution: _____

Address: _____ Phone #: _____
(Bursar's Office mailing address)

City: _____ State: _____ Zip Code: _____

Please tell us about your burn injury and subsequent treatment:

Describe your involvement with the Arizona Burn Foundation - e.g. Burn Camp Volunteer, 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.

Signature _____

Date _____



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: _____

Parts of body affected: _____

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

Revised

8/11/2022

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:
 Arizona Burn Foundation
 Fax: (602) 230-2157 or programs@azburn.org

Questions? Call: 602-230-2041