



# The MacDonald Wood Burn Survivor Educational Scholarship Application

**Please print clearly**

Name \_\_\_\_\_ Are you an Arizona resident: Yes / No

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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College or Educational Institution \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_  
(Scholarship Office mailing address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

What type of burn and subsequent treatment did you sustain? \_\_\_\_\_

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

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**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.)**

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**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  
P.O. Box 1329  
Phoenix, AZ 85001**

**(602) 230-2041, Phone #  
(602) 230-2157, Fax #**