

Attachment I
February 21, 2019

Mary "Sippy" Burnett Scholarship

The ***Mary "Sippy" Burnett Scholarship*** is available to **Willacy County graduating Seniors** who attend:

Willacy County High Schools (Lyford, San Perlita, Raymondville, and LaSara), South Texas High School for Health Professions (Mercedes, Texas), and South Texas Academy for Medical Professions (Olmito, Texas).

Scholarship Administered by: Board of Directors, Willacy County Hospital District
1623 South 15th Street
Raymondville, Texas 78580
Phone: (956) 689-6565
Fax: (956) 689-1697

SCHOLARSHIP CRITERIA:

1. The student must be pursuing a degree in the **NURSING FIELD** –
Licensed vocational nurse (LVN) - one (1)-year program
Registered nurse (RN) - two (2)- or four (4)-year program.
2. The Hospital District must be informed of the student's name, eligibility determination factors (why this student was selected), the name of the school the student plans to attend, and specify "**nursing or nursing field**" as the student's chosen course of study.
3. The Hospital District must be given proper recognition for the granting of the scholarship.
4. To receive the scholarship award, the student must provide proof of enrollment and acceptance by the selected school's **Nursing Program Department** chair or head. The verification may either be mailed or personally delivered to the Willacy County Hospital District Office at the above address.
5. Award expires two (2) years after the date of the award.

Approved BOD Meeting 2/13/2018

**Willacy County Hospital District
Mary "Sippy" Burnett Scholarship Application**

To Be Completed by Student:

Name _____ Birth Date _____ Age _____

Address _____
(Street or P. O. Box) (City) (State) (Zip)

Telephone Number(s) (____) _____ (____) _____

Name of High School Attended _____

Name of Elementary and Junior High Schools Attended:

_____ (Elementary) (Junior High)

List Offices and Membership in Extracurricular Activities:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name and Location of College Preference _____

I have been accepted: _____ Yes _____ No Major: _____

Qualified for Financial Aid? _____ Yes _____ No

Scholarship(s) Received: _____
(Name & Amount) _____

I hereby give _____ (Name of school) permission to provide the above organization with a copy of my transcript.

(Student Signature) (Date) (Signature of Parent or Guardian) (Date)

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To Be Completed by School: Applicant's Name _____

Rank in Class _____ / _____

ACT Score _____ (Average Score is _____)

SAT Score _____ (Average Score is _____)

Type of High School Program:

- Distinguished Achievement (Above Average; College Prep) _____
- Recommended Program (Above Average; College Prep) _____
- Essential Program (Above Average; College Prep) _____

Contact Person at School: _____

Comments/Recommendations, if any: _____

Signature

Date

Note: All applications must be accompanied by a copy of the applicant's transcript.

Applications should be sent to: **Willacy County Hospital District
Mary "Sippy" Burnett Scholarship Committee
1623 South 15th Street
Raymondville, Texas 78580
(956) 689-6565**