

Heather Burns
Memorial Scholarship Fund

OFFICIAL SCHOLARSHIP APPLICATION



Izabella Davis Waller
1976 – 2009

The logo features the name "Heather Burns" in a large, elegant, white cursive script. Below it, the words "Memorial Scholarship Fund" are written in a smaller, white, sans-serif font. The background is a vibrant blue with abstract, flowing white and light blue patterns that resemble water or smoke, and a faint image of a flower is visible on the right side.

Heather Burns Memorial Scholarship Fund

"I can do all things through Christ which strengthened me."

Philippians 4:13

Who Was Heather Burns?

Heather was born on September 27, 1976. She attended Oklahoma University, Langston University and earned her Associates Degree in Mass Communications from Northeastern Oklahoma A&M College in Miami, Oklahoma. Heather realized at an early age that the self-enlightening process of education would be a key component to both her personal, professional and spiritual life. Although her years were few her accomplishments were many. From advocating voter registration to involvement in Environmental Protection to being chosen as Oklahoma Sickle Cell Foundation Poster Child from 1988-1989 Heather dedicated her life to God, her church, her family, her friends and continuing education. In 2003 Heather was awarded the Triumphant Adult Award for the Sickle Cell Disease Association of Oklahoma.

Music, dance and praise played an integral role in Heather's life. At a young age she began dancing at Miss Helen's Dance School. She later competed in the Black and Gold Pageants at Oklahoma University. Heather achieved the Gold Award in Girl Scouts of America, modeled for the Oklahoma Sickle Cell Foundation and First Baptist Church North Tulsa, and supported the African American Society. Heather's love of gospel music, religious musicals, worship and praise and religious concerts was inspiring. She was a senior at Langston University when she experienced the complications of Sickle Cell.

On January 24, 2009 Heather's life ended. In memory of our daughter and to continue the mark Heather's life has left on the Oklahoma community, we are honored to establish the HEATHER BURNS MEMORIAL SCHOLARSHIP FUND. This fund has been created to provide students that suffer with Sickle Cell Anemia, and other physical, mental, social, and economical challenges the opportunity to further their education and pursue their dreams.

Samuel and Patricia Burns

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2011 – 2014 Scholarship Guidelines

Please complete all sections of the application. The deadline for submission is
September 22, 2014

- Scholarship Applicants must meet the following criteria:
 - Diagnosed with Sickle Cell Anemia Disease (not the Sickle Cell Anemia Trait)
 - Diagnosed with a life threatening disease (Lupus, Diabetes, etc.)
 - Students with financial hardships
 - Proof of acceptance to college/university or another school of higher learning
- Applicants must have completed high school with a 2.5 GPA
- Application should be completed in full
- Applicants must provide the following documents:
 - Current high school transcript
 - SAT/ACT scores
 - A current 5x7 personal photograph (head shot only)
 - Proof of U.S. Citizenship and permanent residency (i.e., State-Issued ID, Social Security Card)
 - Three (3) letters of reference:
 - High School Principal, Counselor, or Teacher
 - Personal Reference (Friend or Family Member)
 - Minister
 - A letter of certification from parent/guardian or physician verifying that you have been diagnosed with Sickle Cell Disease or another Life Threatening Disease
- Applicants must submit a personal essay not to exceed 500 words
 - The essay must contain the following information:
 - Describe goals for college and personal/professional ambitions
 - Explain why they deserve to receive the Heather Burns Memorial Scholarship
 - List any special hardships or financial needs



Applicant Information

Name: _____

First

Middle Initial

Last

Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

E-mail Address: _____

Are you a member of a Church? Yes ☐ No ☐

Are you affiliated with any Church Ministries? Yes ☐ No ☐ Please list them.

Family Information

Father's Name: _____ Living in your household? Yes ☐ No ☐

Father's Occupation: _____ Yearly Income: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

E-mail Address: _____

Mother's Name: _____ Living in your household? Yes ☐ No ☐

Mother's Occupation: _____ Yearly Income: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

E-mail Address: _____

Number of siblings living at home: []

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Academic Information

H.S. Senior ☐ H.S. Graduate w/ Diploma ☐ H.S. Graduate w/ GED ☐ College Student ☐

Test Scores:

	PSAT	SAT 1	SAT 2	ACT	OTHER
Math:	[]	[]	[]	[]	[]
Writing:	[]	[]	[]	[]	[]
Verbal:	[]	[]	[]	[]	[]

Name of High School/College/University or other schools of higher learning _____

Address _____

City: _____ State: _____ Zip: _____

Cumulative Grade Point Average: []

A. List and briefly describe your high school/college extracurricular activities (e.g. organizations, etc.)

B. List any awards/honors you have received during high school

C. List any leadership positions held during high school.

College/University Preference

Name of College/University	City/State	Have you been accepted?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

Have you received any other scholarships or monetary awards? Yes ☐ No ☐

If yes, provide the name of the scholarship(s) and amount awarded:

Name of Scholarship: _____ Amount of Award: _____



Short Essay(500words)

Essay should be typed in the space below or submitted as a separate attachment

Describe your goals for college and your personal/professional ambitions. Explain why you feel you deserve to receive the Heather Burns Memorial Scholarship and any challenges or obstacles you have faced. Also, include in your essay any of the following that apply to your family: financial needs, hardships, excessive medical bills, prolonged unemployment, and multiple children attending college/university, or other school of higher learning.



Sickle Cell Anemia Disease Confirmation Form

Name of Applicant: _____ Date of Birth: _____

This form is to be completed by a physician (hematologist preferred) or nurse who has confirmed the diagnosis of sickle cell anemia disease (High SS, SC, S/Beta Thal, etc.) for the applicant.

I certify that the person named on this scholarship application is known to me and has been diagnosed with Sickle Cell Anemia disease.

Name of Patient: _____

Length of time patient has been under your care: _____ years _____ months

Physician's Name: _____

Title: _____

Medical Center: _____

Address: _____

City: _____ State: _____ Zip: _____

Physician's Phone #: _____

Physician's Signature: _____

PLEASE GIVE THIS FORM BACK TO APPLICANT FOR SUBMISSION



LifeThreateningDisease ConfirmationForm

Name of Applicant: _____ Date of Birth _____

This form is to be completed by a physician or nurse who has confirmed the diagnosis of the disease for the applicant.

I certify that the person named on this scholarship application is known to me and has been diagnosed with _____ disease.

Name of Patient: _____

Length of time patient has been under your care: _____ years _____ months

Physician's Name: _____

Title: _____

Medical Center: _____

Address: _____

City: _____ State: _____ Zip: _____

Physician's Phone #: _____

Physician's Signature: _____

PLEASEGIVETHISFORM BACK TOAPPLICANT FORSUBMISSION



Application Check List

Please arrange your materials in the following order before submitting to the scholarship committee. Check off the items as you prepare your package:

1. Application Checklist []
 2. Verification of G.P.A. []
 3. Fully completed application []
 4. Proof of acceptance to an accredited college/university []
 5. Autobiographical Sketch/Personal Essay
 6. Official High School transcript in original sealed envelope []
 7. 3 Letters of Reference:
 - a. Principal/Counselor/Teacher []
 - b. Friend/Family Member []
 - c. Minister []
 8. Sickle Cell Disease or Life Threatening Disease Confirmation Form []
 9. Proof of U.S. Citizenship []
 10. Current 5x7 Personal Photograph (Headshot only) []
 11. SAT/ACT Scores []
- Application and supporting documents must be postmarked by **September 22, 2014**
 - Scholarship Recipients will be notified by **October 22, 2014**



Heather Burns

Memorial Scholarship Fund

SUBMIT A COMPLETE APPLICATION PACKET

Applications may be submitted by:

Email: info@hbmsf.org

Mail: Heather Burns Memorial Scholarship Fund
1159 N. Detroit Ave.
Tulsa, OK 74106

Applicant Signature

Date

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Date Received: _____ By: _____

Date Reviewed: _____ By: _____

Application Completed: Yes ☐ No ☐

Status: Accepted ☐ Rejected ☐

Reason for rejection: Incomplete ☐ Handwritten ☐ Past Due Date ☐

School _____ Attending: _____

Amount: \$ _____ Check # _____

Remaining Balance in HBMSF Account: \$ _____

Status Letter Mailed: Yes ☐ No ☐

Date Mailed: _____ By: _____

Last Modified: 2/24/2014