

*Heather Burns*  
Memorial Scholarship Fund

**OFFICIAL SCHOLARSHIP APPLICATION**



*Heather Anese Burns*

1976 - 2009

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

*Philippians 4:13*

***Who Was Heather Burns?***

Heather Burns Memorial Scholarship Fund | 1159 N. Detroit Ave. | Tulsa, OK 74106 | P: 918-582-1515

E: [info@hbmsf.org](mailto:info@hbmsf.org) | Website: [www.hbmsf.org](http://www.hbmsf.org)

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*The HBMSF is a sole entity local to Tulsa and is not now nor has ever been associated with any other Sickle Cell Anemia Organization*

The logo features the name "Heather Burns" in a white, elegant cursive font, positioned above the words "Memorial Scholarship Fund" in a clean, white, sans-serif font. The background is a vibrant blue with a soft, glowing effect and a faint image of a purple flower.

# Heather Burns Memorial Scholarship Fund

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*

## **2019 - 2020 Scholarship Guidelines**

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# Heather Burns Memorial Scholarship Fund

**Student should inform parent/guardian if he or she choose to apply for scholarship. Please complete all sections of the application, including the checklist. Some documents, such as transcripts, recommendations, and medical confirmations from a doctor may require more time to gather. Start early, the deadline for submission is**

**June 30, 2019**

- a) Scholarship Applicants must meet one of the following criteria:
  - o Diagnosed with Sickle Cell Anemia Disease (not the Sickle Cell Anemia Trait)
  - o Diagnosed with a life threatening disease (Lupus, Diabetes, etc)
  - o Student with financial hardships
  
- b) Applicants must have completed high school with at least a 2.5 Grade Point Avg (GPA)
  
- c) Application should be completed in full
  
- d) Applicants must provide the following documents:
  - o Certified copy of your high school transcript provided in a sealed envelope
  - o A current 5x7 personal photograph (head shot only)
  - o Proof of U.S. Citizenship and permanent residency (i.e, State-Issued ID, Social Security Card)
  - o Three (3) letters of reference:
    - a) High School Principal, Counselor, or Teacher (choose two from this list)
    - b) Minister or clergy
    - c) Current employer or a community leader
  - o A letter of certification from physician verifying that you have been diagnosed with Sickle Cell Disease or another Life Threatening Disease
  - o Proof of acceptance to college/university or another school of higher learning
  
- e) Applicants must submit a personal essay not to exceed 500 words
  - o The essay must contain the following information
    - (1) Describe goals for college and your personal/professional ambitions
    - (2) Explain why they deserve to receive the Heather Burns Memorial Scholarship
    - (3) List any special hardships or financial needs
    - (4) Parent or guardian signature is required.

## **Applicant Information**

Heather Burns Memorial Scholarship Fund | 1159 N. Detroit Ave. | Tulsa, OK 74106 | P: 918-582-1515

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*Heather Burns*

**Memorial Scholarship Fund**

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: [ ]

**Academic Information**

H.S. Senior [ ] H.S. Graduate w/Diploma [ ] H.S. Graduate w/GED [ ] College Student [ ]

**Heather Burns Memorial Scholarship Fund | 1159 N. Detroit Ave. | Tulsa, OK 74106 | P: 918-582-1515**

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

Applicants must reside in the state of Oklahoma

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Cumulative Grade Point Average: [ ]

A. List and briefly describe your high school/college extracurricular activities (e.g. organization, 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 [ ]	No [ ]
_____	_____	Yes [ ]	No [ ]
_____	_____	Yes [ ]	No [ ]

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: \_\_\_\_\_

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# Heather Burns Memorial Scholarship Fund

## **Short Essay (500 words)**

*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**



## **Life Threatening Disease Confirmation Form**

Name of Applicant: \_\_\_\_\_ Date of Birth \_\_\_\_\_

This form is to be completed by a physician, (PCP or Specialist) 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: \_\_\_\_\_

Age at Diagnosis: \_\_\_\_\_

Limitation impose by Illness: \_\_\_\_\_

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

Title: \_\_\_\_\_

Medical Center: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician's Phone # \_\_\_\_\_

Physician's  
Signature: \_\_\_\_\_

**PLEASE RETURN THIS FORM BACK TO APPLICANT FOR SUBMISSION**



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# Heather Burns Memorial Scholarship Fund

## Application Check List

**Please arrange your materials in the following order for submission to the scholarship committee. Check off the items as you prepare your package, and include the check list with your application packet. Incomplete applications are not eligible for consideration and will be returned.**

- (1) Application Checklist [  ]
  - (2) Verification of G.P.A. [  ]
  - (3) Fully completed application [  ]
  - (4) Proof of acceptance to an accredited college/university/school of higher learning [  ]
  - (5) Autobiographical Sketch/Personal Essay [  ]
  - (6) Official High School transcript in original sealed envelope [  ]
  - (7) 3 Letters of Reference:
    - a. Principal/Counselor/Teacher [  ] (Can be used for two of your references)
    - b. Employer or a Community Leader [  ]
    - c. Minister or Clergy [  ]
  - (8) Sickle Cell Disease or Life Threatening Disease Confirmation Form [  ]
  - (9) Proof of U.S. Citizenship [  ]
  - (10) **Applicant must reside in the State of Oklahoma.**
  - (11) Current 5x7 Personal Photograph (Head shot only) [  ]
  - (12) **Parents/Guardian signature is required.**
- Application and supporting documents must be postmarked by **JUNE 30, 2019**



**Applications may be submitted by:**  
 Email: [info@hbmsf.org](mailto: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 # \_\_\_\_\_

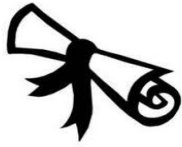
Remaining Balance in HBMSF Account: \$ \_\_\_\_\_

Status Letter Mailed: Yes [  ] No [  ]

Date Mailed: \_\_\_\_\_ By: \_\_\_\_\_

Last Modified: 2\19

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# *Heather Burns*

Memorial Scholarship Fund  
Scholarship Guidelines  
To be used for completing Application  
Deadline for submission: June 30, 2019

## Page 2 Purpose

The purpose of the Heather Burns Memorial Scholarship Fund (HMBSF) is to honor Heather's love for God, her Christian principles, stewardship, and testimonial for higher education; while acknowledging and celebrating her faith, commitment, belief, and determination she used to achieve her educational goals. In honoring her, we want to be able to help others achieve their goal for a higher education.

## Page 2

Student should inform parents, if he or she chooses to apply for the HBMSF Scholarship. Please complete all sections of the application, including the check list. Some Documents, such as transcripts, recommendations, and medical confirmations from a doctor may require more time to secure.

2.0

**Please!! Secure all these documents before school closes in May**  
**Deadline for submission: June 30, 2019**

## Page 3 Application Criteria

The qualified scholarship applicants **must** meet one of the following criteria and reside in the state of Oklahoma:

- a) Diagnosed with Sickle Cell Anemia  
(Not the Sickle Cell Anemia Trait)
- b) Diagnosed with a life threatening disease (ex: lupus, diabetes, etc.)  
(The diagnosis must be confirmed with a letter from your physician, pcp or specialist) verifying that you have been diagnosed with Sickle Cell Disease or another Life Threatening Disease)
- or
- c) A student with a financial hardship

## Page 3 Academic Requirements

The qualified applicant must have completed a high school education with at least a 3.0 academic requirements.

If you meet this requirement, please continue and provide the following documentation with your completed application. If you are uncertain about some of the documents, **please consult with your parent, guardian or your high school counselor.**

Page 3.1 You will need a certified copy of your high school transcript.

**Certified Copy:** Your school must provide a sealed envelope containing your high school transcript.

Page 3.2 You will need a letter with proof of acceptance to an accredited college or university or school of higher learning.

Page 3 Additional Requirements

The qualified applicant **will need three letters of reference**. To ease the burden on the people you are requesting reference letters from, give them three to four weeks for them to complete before the application deadline. Secure all the documents you need from your academic and office staff **before you leave school in May**.

Required Reference Letters:

- 3.A A letter of reference from your high school principal, teacher or counselor
- 3.B A letter of reference from your minister or clergy
- 3.C A letter of reference from your employer or a community leader

Page 6 Essay

The qualified applicant must submit a personal essay (**contain at least but not more than 500 words**).

Page 6.1 The essay must contain the following information:

- 1) Describe your goals for college and your personal or professional ambitions.
- 2) Elaborate on why you believe you deserve to receive the Heather Burns Memorial Scholarship.
- 3) If applicable, list any special hardships or financial needs

Page 7 Sickle Cell Anemia Disease Confirmation Form

Students should write “NA” ( Not applicable) on the medical forms and the application check list if they have not been diagnosed with Sickle Cell Anemia Disease or Life Threatening Disease.

**Page 8      Life Threatening Disease Confirmation Form**

Students should write ‘NA’ (Not applicable) on the medical forms and the application check list if they have not been diagnosed with Sickle Cell Anemia Disease or Life Threatening Disease:

**Page 9      Photograph**

In addition to all of the above required documents, a current 5x7 personal photograph (head shot only) is required and **must be** included with your application.

**Page 9      Complete Application and Checklist**

To ensure you have all required documents, arrange your material in the following order before submitting to the scholarship committee. Check off each item as you prepare your package. **Incomplete applications are not eligible for consideration and will be returned to student.**

- Fully completed application.
- A letter from your physician, (pcp or specialist) confirming your diagnosis.
- A certified copy of your high school transcript. (see 3.1)
- A letter of acceptance to an accredited college or university **or school of higher learning.** (see 3.2).
- Three letters of recommendations. (see 3.A)
- An essay containing at least 500 words. (see 6.0)
- A 5 x 7 personal photograph. (head shot only)
- Parent signature is required to complete the application. See page 10 of 10 for parent signature.