

Foundation



2021 WEST CALCASIEU CAMERON HOSPITAL FOUNDATION/MAC BURNS SCHOLARSHIP PROGRAM

Purpose: To participate in a scholarship program that would benefit a graduating senior in the service district of West Calcasieu Cameron Hospital (WCCH) who has chosen a career in the medical field, and who will be attending McNeese State University in the fall and spring semesters after graduation from high school. The scholarship will be awarded to a graduating high school senior who has distinguished himself/herself by:

- Exhibiting diligence and determination in their scholastic endeavors;
- Exercising effective and positive leadership in school and community activities;
- Exhibiting the desire to continue to work to develop their full potential;
- Expressing a genuine respect for teachers, fellow students, and citizens of the community through their behavior and attitude.

SCHOLARSHIP INFORMATION:

- \$1600, payable in two \$800 increments (Fall and Spring Semesters) following graduation.
- Applicants will be kept strictly anonymous during the selection process.
- A WCCH Foundation Board committee will choose the student who best meets the criteria set forth in the scholarship program.

ECONOMIC NECESSITY:

- The student must be able to document/demonstrate financial need.
- Assuming that the academic credentials are equal, priority will be given to the person who has the greatest need for financial assistance.

REQUIREMENTS OF RECIPIENT:

- High school senior, in the WCCH service district (Sulphur, Vinton, Westlake, Hackberry)
- Chosen career in the medical field
- Attending McNeese State University
- A minimum 3.0 average in high school
- Applied or accepted to McNeese State University for the fall semester after graduation from high school.

DOCUMENTS THAT MUST BE SUBMITTED WITH APPLICATION:

The applicant must complete/include a resume' which includes but is not limited to, all the requirements of the scholarship as listed:

- High school transcript
- Essay-typed statement entitled "Why I Am Applying for the West Calcasieu Cameron Hospital Foundation/Mac Burns Scholarship"
- List of community activities
- Three letters of recommendation (only one being from a teacher/counselor)
- Recommendation letter from supervisor of employment or volunteer program
- High school attendance records
- ACT score
- GPA on 4 point scale, and on 5 point grading scale if available
- Ranking in class
- List of other scholarships or financial assistance already acquired

RECIPIENT OF THE SCHOLARSHIP:

- Must register for a minimum of twelve (12) semester hours of scholastic work at McNeese State University in a career in the medical field, commencing the next regular collegiate semester following graduation from high school. A check will be issued when proof of registration is verified by the Executive Director of the WCCH Foundation.
- To be eligible for the scholarship for the following spring semester, the recipient must have completed the fall semester with sufficient hours of scholastic work to be considered a full-time student at McNeese State University, must have attained a 2.8 GPA for the fall semester, and must have maintained the standards and guidelines set forth for this scholarship.
- Should funds be disbursed and the recipient does not begin the semester as planned, the recipient will be responsible for refunding the scholarship money to the WCCH Foundation/Mac Burns Scholarship fund for the semester for which he/she is currently registered.
- The recipient's high school will be notified of the awarding of the scholarship in order to announce at graduation or awards ceremony.

ALL APPLICATIONS AND LETTERS OF RECOMMENDATION ARE DUE BY March 31, 2021, AND MUST BE DELIVERED TO:

Anne Billeaudeaux

West Calcasieu Cameron Hospital Foundation

701 Cypress Street

Sulphur, LA 70663

Office: 337-527-4144

**2021 WEST CALCASIEU CAMERON HOSPITAL FOUNDATION/ MAC BURNS
SCHOLARSHIP APPLICATION**

Name: _____
Last First Middle Initial

Street Address City, State & Zip

Home Phone Date of Birth

High School Attending: _____

Overall Academic Average *(on 4 pt and 5 pt scale if available):* _____

Rank in Class: _____ **ACT Score:** _____

Attendance: _____

Accepted to McNeese State University: _____ Yes _____ No

Applied on Date: _____

Medical Field of Study: _____

Other Scholarships *(if applicable):* _____

I understand that should funds be disbursed and I do not begin the semester as planned, I will be responsible for refunding the scholarship money to the West Calcasieu Cameron Hospital Foundation/Mac Burns Scholarship fund for the semester in which I am registered.

Student Signature _____

Parent/Guardian Signature _____

