

2026 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 a health profession/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 a 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 FRIDAY, MARCH 6, 2026,
AND MUST BE DELIVERED TO:**

**Matthew Welsh
West Calcasieu Cameron Hospital Foundation
701 Cypress Street
Sulphur, LA 70663
Email: foundation@wcch.com**

2026 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 _____

DEADLINE TO SUBMIT SCHOLARSHIP APPLICATION PACKET (INCLUDING LETTERS OF RECOMMENDATION)
IS FRIDAY, MARCH 6, 2026.



FOUNDATION