



## **ST. FLORIAN SCHOLARSHIP**

A partnership between  
St. Florian Fire & Burn Foundation and the University of Iowa Burn Treatment Center

**In our continuing effort to better the lives of burn survivors, we are proud to offer the following scholarship program.**

**Two \$2,000.00 scholarships per year may be awarded.**

### **SCHOLARSHIP CRITERIA:**

**A scholarship may be awarded to any survivor of a *traumatic*\* burn injury who is between the ages of 17 and 35 and is a current legal resident of Iowa, Nebraska, South Dakota or Illinois.**

*\*Examples: a 2<sup>nd</sup> degree burn covering 10% or more of your body surface area (BSA), a third degree burn covering 3% or more of your (BSA) or a burn injury that required a skin graft.*

**The scholarship is for TUITION ONLY.**

**The monies can not be used to purchase books, supplies, food, rent or transportation. The awardees of the scholarship may attend any college or university of their choosing.**

**Any volunteer or professional Fire Fighter, Law Enforcement Officer or member of the American Armed Forces who received their burn injury in the line of duty may receive an additional \$500.00.**

**There are no restrictions on persons who qualify for or receive scholarships, funds or grant monies from other agencies or foundations.**

**ALL AREAS OF THIS APPLICATION MUST BE COMPLETED.**

**If your application is not complete or you have not supplied the required documentation, your application will be disqualified and no scholarship will be awarded. If you have any questions, please contact a member of the St. Florian Scholarship Committee.**

**Scholarship Committee Members:**

***Jeff Bentson (712) 258-2678***

***Stacey Dreesen (605) 661-9573***

***Alison Pauley (319) 356-3218***

***Bridget Werling (319) 356-3218***

**Return Completed Applications to:**

**St. Florian Scholarship  
PO Box 3451  
Sioux City, IA 51102**

**APPLICATION DEADLINE:**

To receive the tuition money for the corresponding semester you must mail the completed application to the above address by the dates shown below:

**FALL SEMESTER.....post marked by JUNE 1<sup>ST</sup>**

**SPRING SEMESTER.....post marked by AUGUST 1<sup>ST</sup>**

***EXPLANATION OF APPLICATION***

Note: Only the members of the Scholarship Committee will ever view your personal information.

**Page 4**

**Personal Date page:** Please fill out all requested information.

**Page 5**

**Burn Survivor Information and Line of Duty Injury:** *Note that this page is a description of your burn injuries and effects.* This page is necessary to determine your eligibility for this scholarship. You **AND** your parent/guardian (if you are under 21) must sign this page. This page also has a Line of Duty request.

**Page 6**

**College Data and Education information page:** Please fill out all requested information.

**Page 7**

**Burn Camp Attendance, Community Involvement and Service in the U.S. Armed Forces:** Provide factual answers as requested, since your points from this section are based only on your answers. ***(This section: 125 points possible)***

**Page 8**

**Employment Data:** Provide factual answers as requested, since your points from this section are based only on your answers. **(This section: 50 points possible)**

**Page 9**

**School Activity:** Include all school activity such as peer groups, clubs, sports, school newspaper, year book staff, etc. **(This section: 25 points possible)**

**Page 10**

**Plans, Objectives and Goals:** The essay should include student's educational and career path goals. Use clear, concise and complete statements. Essay should be less than 300 words. Grammar, punctuation and content will be considered. **(This section: 100 points possible)**

**Page 11**

**Burn Survivor Essay:** This section is not scored.

**Page 12**

**Grade Point Average Scoring Page (based on High School transcripts only):** **(This section: 100 points possible)**

**Page 13**

**Committee Score Page:** Do not write on this form.

**If you have any questions on any part of the application or the procedure used to award the scholarships, you are encouraged to ask us. Your questions this year can help us make changes for next year.**

**DATA INPUT:**

Mouse click in each section (or use tab/arrow key to go from section to section) and type in your information, place an "X" in the boxes. Fill out application, print it and mail to address provided.

**The awarded scholarships, as determined by the St. Florian Scholarship Committee, are final. Scholarship money will be awarded to your designated institution in your name and labeled "FOR TUITION ONLY".**

**Part-time college students are eligible to apply for scholarship money as well as those entering the armed forces. If you are not selected you may reapply for the next school year. Only one scholarship per applicant is allowed, if you are awarded a scholarship from St. Florian Scholarship you will not receive any further scholarship money from us.**

**This scholarship is awarded by a point system with a maximum of 400 points available. (See page 13 for details)**

**The complete application includes pages 4 to 13, your high school transcripts, as well as all other forms requested.**

**\*Signed letter from Chief, CO or VA (For line of duty eligibility)**

**\*DD-214 (For U.S. Armed Forces Service points)**

**PLEASE STAPLE ALL FORMS TOGETHER USING ONE STAPLE IN THE UPPER LEFT HAND CORNER AND MAIL IN A 9" x 12" ENVELOPE.**



**THE ST. FLORIAN SCHOLARSHIP**

(Please staple together your completed application in the upper left corner)

I am applying for the      Fall      Spring semester.

**TODAY'S DATE:**

**PERSONAL DATA:**

**NAME:** \_\_\_\_\_  
Last Name,      First Name      Middle Initial

**HOME ADDRESS:**  
Street, Box Number: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

**NAME OF PARENT OR GUARDIAN:**

Permanent mailing address/telephone number of Parent or Guardian: (If different from above):

Street, Box Number: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**Parent/Guardian information is not required for applicants over the age of 21**

**BURN SURVIVOR INFORMATION:**

**BRIEFLY DISCRIBE YOUR BURN INJURY:** \_\_\_\_\_

**ON WHAT YEAR DID YOU SUFFER YOUR BURN INJURY:** \_\_\_\_\_

**WHERE YOU WERE TREATED (NAME THE HOSPITAL AND THE CITY IT IS LOCATED IN):**  
\_\_\_\_\_

**CERTIFICATION AND SIGNATURES:**

All of the information on this application is true and complete to the best of our knowledge. When asked by an authorized official of the St. Florian Scholarship we agree to give proof of the information that we have given.

**STUDENT AND PARENT/GUARDIAN MUST SIGN HERE!**

_____	_____
Applicant	Parent/Guardian
_____	_____
Date	Date

**PARENT/GUARDIAN SIGNITURE IS NOT REQUIRED IF APPLICANT IS 21 YEARS OF AGE OR OLDER ON THE DATE THIS APPLICATION IS SIGNED.**

**LINE OF DUTY INJURY:**  
TO BE ELIGIBLE FOR AN ADDITIONAL \$500.00

**I HERE BY CERTIFY THAT I RECEIVED THE ABOVE MENTIONED INJURY WHILE CARRING OUT THE DUTIES ASSIGNED TO ME AS A:**

- FIREFIGHTER**
- POLICE/LAW ENFORCEMENT OFFICER**
- MEMBER OF THE U.S. ARMED FORCES**

_____	_____
Applicant	Date

**A SIGNED LETTER FROM YOUR DEPARTMENT’S CHIEF, COMMANDING OFFICER, OR THE V.A. MUST ACCOMPANY THIS APPLICATION. (PLEASE STAPLE ON BACK OF APPLICATION)**

**COLLEGE DATA:**

DO NOT CHECK MORE THAN ONE BOX

A: 4-year College/University--Plan to complete 4 years of college or more.

B: Vo-Tech/Trade School--Plan to complete 3 years or less of college.

C: 2-Year Junior or Community College.

**Name and address of College for which scholarship is requested:**

College Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State & Zip Code: \_\_\_\_\_

**Anticipated Date of Graduation from College:** Month/Year \_\_\_\_\_

**Major field of study you plan to pursue:** \_\_\_\_\_

**EDUCATION:**

**Name and address of High School you attended/graduated:**

High School Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State & Zip Code: \_\_\_\_\_

**Year you graduated or achieved your GED:** \_\_\_\_\_

**Your GPA:** \_\_\_\_\_

**Honors and Awards:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**High School transcript must be attached (stapled) to the back of this application.**

**BURN CAMP ATTENDANCE**  
(25 points possible)

**HAVE YOU EVER ATTENDED THE MIRACLE BURN CAMP OF IOWA**

YES      NO IF YES, DURING WHAT YEAR(S) \_\_\_\_\_

**HAVE YOU EVER ATTENDED ANOTHER BURN CAMP**

YES      NO IF YES, DURING WHAT YEAR(S) \_\_\_\_\_

NAME AND LOCATION OF THE BURN CAMP:

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**COMMUNITY INVOLVEMENT:**

Please list all activities you were involved in. 5 Points are awarded for each activity.  
i.e.: 4H, volunteer fire fighter, scouts, CAP, Big Brother/Sister, etc. **(50 points possible)**

Community Activity	Years Active	Leadership Roles Held

**SERVICE IN THE U.S. ARMED FORCES:**

**50 points awarded for service, must include copy of DD 214** (Check all that apply)

Army    Navy    Air Force    Marine Corps    Coast Guard

Active duty    Reserve    National Guard

I served from \_\_\_\_\_ to \_\_\_\_\_. I received an    Honorable    Medical discharge.  
(Other than Honorable and Dishonorable discharges will not receive the additional points)

**EMPLOYMENT DATA:**

Describe your work experience during the last 4 years. Please give dates of employment in each job and approximate number of hours worked each week. **(40 points possible)**

Company Name/Address/Position	Date From Month / Year	Date To Month / Year	Hours Worked Per Week

**WORK REQUIRED FOR FAMILY/WORK STUDY AND NOT PAID**

Please give description of work performed and hours spent doing it. Please indicate years spent doing this work. **(10 points possible)** *(Include only your 4 high school years)*

Description of Work: (i.e.: family farm work, apprenticeship, etc.)

Position/Work Done	Date From Month / Year	Date To Month / Year	Hours Worked Per Week



**PLANS, OBJECTIVES AND GOALS:**

Please describe your plans as they relate to your educational and career objectives and future goals. The length of this essay is limited to this page, and the basis for scoring this section is found on page 13. **(100 points possible)**

**DESCRIBE HOW BEING A BURN SURVIVOR HAS AFFECTED YOUR LIFE, BOTH POSITIVELY AND NEGATIVELY:**

**This section is required but is not scored.** This section is designed to give our foundation more insight into the challenges faced by young burn survivors. So that we may provide better services in the future to all burn survivors, please enclose any thoughts you have on special needs and services. Please limit your response to one page.

**ST. FLORIAN SCHOLARSHIP GRADE POINT SCORING**

FROM	TO	POINTS
4.00	4.00	100.0
3.99	3.90	97.5
3.89	3.80	95.0
3.79	3.70	92.5
3.69	3.60	90.0
3.59	3.50	87.5
3.49	3.40	85.0
3.39	3.30	82.5
3.29	3.20	80.0
3.19	3.10	77.5
3.09	3.00	75.0
2.99	2.90	72.5
2.89	2.80	70.0
2.79	2.70	67.5
2.69	2.60	65.0
2.59	2.50	62.5
2.49	2.40	60.0
2.39	2.30	57.5
2.29	2.20	55.0
2.19	2.10	52.5
2.09	2.00	50.0
1.99	1.90	47.5
1.89	1.80	45.0
1.79	1.70	42.5
1.69	1.60	40.0
1.59	1.50	37.5
1.49	1.40	35.0
1.39	1.30	32.5
1.29	1.20	30.0
1.19	1.10	27.5
1.09	1.00	25.0
0.99	0.90	22.5
0.89	0.80	20.0
0.79	0.70	17.5
0.69	0.60	15.0
0.59	0.50	12.5
0.49	0.40	10.0
0.39	0.30	7.5
0.29	0.20	5.0
0.19	0.10	2.5
0.09	0.00	0.0

**This form is for scholarship committee members only**  
**Do not write on this form**

**NUMBER OF YEARS ATTENDING A BURN CAMP**

	Possible Points	This Applicant
5 Points for each year up to a maximum of 5 years	25	
Maximum Points	25	

**VOLUNTEER/COMMUNITY INVOLVEMENT (i.e. 4-H, firefighter, church, scouts)**

	Possible Points	This Applicant
Per activity, per year	5	
Maximum Points	50	

**SERVICE IN THE U.S. ARMED FORCES**

	Possible Points	This Applicant
50 Points for current service, Honorable or Medical discharge	50	
Maximum Points	50	

**EMPLOYMENT DATA**

Work Experience (32 hours = Full Time)	Possible Points	This Applicant
Part-time Work: 1-4 months	2	
Part-time Work: 5-8 months	4	
Part-time Work: 9-12 months	6	
Full-time Work: 1-6 months	10	
Full-time Work: 6-12 months	20	
Full-time Work: 12 months or more (40 points maximum)	40	
Worked for Family or Work for School (No Pay)	10	
Maximum Points	50	

**SCHOOL ACTIVITY**

	Possible Points	This Applicant
Per activity, per year	1	
Per officer or captain per year	1	
Per honor or award per year	1	
Maximum Points	25	

**PLANS, OBJECTIVES AND GOALS**

	Possible Points	This Applicant
1 Step Plan	20	
2 Step Plan	40	
3 Step Plan	60	
4 Step Plan	80	
5 Step Plan	100	
Maximum Points	100	

**GRADE POINT AVERAGE**

See Attached Sheet For Point System	Possible Points	This Applicant
Grade Point Average points awarded	100	
Maximum Points	100	

**TOTAL POINTS**

	Possible Points	This Applicant
Total Points	400	