

*Heather Burns*  
Memorial Scholarship Fund

**OFFICIAL SCHOLARSHIP APPLICATION**



*Heather Anese Burns*

1976 - 2009

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

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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, with "Memorial Scholarship Fund" in a white, clean sans-serif font below it. The background is a vibrant blue with a soft, glowing light effect and a faint image of a flower.

# Heather Burns Memorial Scholarship Fund

*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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# Heather Burns Memorial Scholarship Fund

## 2015 – 2016 Scholarship Guidelines

Please complete all sections of the application. The deadline for submission is

**September 22, 2016**

- 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





## **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** \_\_\_\_\_

**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. 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 [ ] 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 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: \_\_\_\_\_

**PLEASE GIVE 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 before submitting to the scholarship committee. Check off the items as you prepare your package, and include the checklist with your application packet.

- (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) **Applicant must reside in the State of Oklahoma.**
- (11) Current 5x7 Personal Photograph (Headshot only) [  ]
- (12) SAT/ACT Scores [  ]

- Application and supporting documents must be postmarked by **September 22, 2016**



- Scholarship Recipients will be notified by **October 22, 2016**

**SUBMIT A COMPLETE APPLICATION PACKET**

**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: 3\1\16