

# LEN S. BURTON MEMORIAL SCHOLARSHIP



The Parkinson's Group of the Ozarks, with support from the Burton family, is proud to offer a scholarship to a qualified applicant to help improve the quality of life for those with Parkinson's Disease.

## Instructions:

1. Please type or print clearly. If the application is illegible, it will not be considered.
2. All supporting documents must be received at the time the application form is submitted. Incomplete applications will not be considered.
3. Completed applications can be sent to: [Scholarship@Parkinsonsgroup.org](mailto:Scholarship@Parkinsonsgroup.org) or mailed to **Parkinson's Group of the Ozarks, Attn: Len S Burton Scholarship, 1136 E. St. Louis St., Springfield, MO 65806.**

## Applicant Information

Name: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

## Education/Training Information

Name of training/education you are looking to complete: \_\_\_\_\_

Name of organization providing the training/education: \_\_\_\_\_

Organization's website: \_\_\_\_\_

Training will be completed:  Online  In-person  Both online and in-person

Cost of training/education: \_\_\_\_\_ Expected completion date of training: \_\_\_\_\_

## Supporting Documents

### ***Please provide the following supporting documents.***

1. A detailed resume highlighting any academic or professional experience you have had working with persons with Parkinson's disease.
2. A cover letter explaining how you would improve quality of life for persons with Parkinson's disease with this training AND how you plan to work with the greater Parkinson's community or stay connected with our organization.
3. Proof of any current licenses, certifications, etc. that are required or relevant to the training/education.
4. Any additional documentation that you feel would help us in making a well-informed decision for your application.

**The recipient understands that the scholarship will be paid directly to the training organization or to the recipient upon proof of completion with a valid receipt from the training organization. Once completed, the recipient also agrees to share their experiences and/or how they use the training/education with the Parkinson's Group of the Ozarks for use in an upcoming newsletter.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_