

2025-26 Bright Angel Foundation Scholarship Application

ELGIBILITY:

- PEDIATRIC BURN SURVIVOR AND/OR CHILD OF A BURN SURVIVOR.
- HIGH SCHOOL SENIORS OR CURRENT COLLEGE STUDENTS.
- MINUM 3.25 UNWEIGHTED GPA.

Application information

Full name:					Date:	
	Last	First		M.I.		
Address:					Phone:	
	Street address			Apt/Unit #		
					Email:	
	City		State	Zip Code		
Date of birth	S.S.	no:			Graduation date	
High School Nand Adress	ame					
Are you current college/vocati		Yes □	No □			
If yes, please paddress	provide school name and					

Educat	ilon									
High sc	hool:	Address:								
From:	To:	Did you graduate?	Yes □	No □	Diploma:					
College		Address:								
From:	То:	Did you graduate?	Yes □	No □	Degree:					
Other:		Address:								
From:	То:	Did you graduate?	Yes □	No □	Degree:					
 Essay Answer one of the following essay prompts (min 250 words, max 500 words): Describe a time when your experience as a burn survivor challenged you physically, emotionally or mentally. How did you overcome these challenges and what you learned about yourself through this journey? In what ways has your experience with a burn injury influenced your educational goals or career aspirations? Share how it has shaped your path and how your plan to use your education to make a difference. 										
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• • • All Docu	2025-26 Bright Angel So Essay Transcripts	by March 1, 2026. The Bright Ange	el Schola	arship Coi	mmittee wil	Il review applications				
If you ha	ve any questions, please	e email us at info@mybrightangel.co	om,							

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to scholarship award, I understand that false or misleading information in my application funds will be revoked,