



JMH GUILD- CONTINUING EDUCATION HEALTH FIELD SCHOLARSHIP APPLICATION

OBJECTIVE:

To financially assist Johnson Memorial Hospital employees or volunteers to continue their education in a health-related field, with the expectation the recipient will remain/return to work at Johnson Memorial Hospital at the completion of his/her program.

SCHOLARSHIP AWARD:

The Johnson Memorial Hospital Guild will award a scholarship grant for the academic school year 2026-2027. The amount will be paid directly to the school upon proof of registration by the college or university. (This scholarship is not designed to cover single short-term seminar/workshop education programs.)

ELIGIBILITY:

The scholarship is open to any employee or volunteer currently associated with Johnson Memorial Hospital and in good standing. This scholarship is intended for individuals who are already in the work force who are seeking to continue their post-secondary education.

BASIS OF AWARDING SCHOLARSHIP:

The scholarship will be awarded based on financial need, volunteerism, leadership and academic performance (GPA).

FORM OF APPLICATION:

In addition to the application form (attached), please submit the following to be considered for this award:

1. A statement prepared by the applicant summarizing why you desire to continue your education, career goals, financial need, volunteerism and leadership abilities.
2. Transcript from the educational institution most recently attended.
3. Two letters of endorsement (by persons not related to the applicant) who can attest to the applicant's character, integrity and values.

FILING OF APPLICATION:

The complete application must be sent to the Johnson Memorial Hospital Foundation and postmarked by April 1, 2026. Applications that do not conform to the requirements will not be considered.

SUBMIT APPLICATIONS TO:

Johnson Memorial Hospital Foundation
c/o Johnson Memorial Guild Continuing Education
Health Field Scholarship
1125 West Jefferson Street, Franklin, IN 46131
Questions, please call 317-346-3703
Email: foundationmail@johnsonmemorial.org



Continuing Education Health Field Scholarship Application

Name: _____

Hospital Dept: _____ Current Position: _____

Home Street Address: _____ City _____ St _____ Zip _____

Work Phone: _____ Home/Cell Phone: _____

Email: _____

School Information

High School Attended: _____ Year Graduated: _____

Are you currently enrolled or have you been accepted to a college or university for the upcoming semester:

Yes No

Name of College/University: _____

Start date for upcoming semester: _____ Major/Area of Study: _____

Degree being pursued: _____ Expected date of graduation: _____

Plans after graduation:

Volunteer Information

Please list any volunteer experiences within the past five years:

Volunteer Experience _____ Location _____

Financial Information

Annual Household Income: \$ _____ Number of People in Household: _____

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Please explain any circumstances to help determine your financial need:

Are you currently receiving any support for continuing education? If so, please describe:

Scholarship/Grant _____ Amount of Award \$_____

I hereby affirm that the information provided on this application is accurate and complete to the best of my knowledge. Falsification of information may result in disqualification and/or termination of any scholarship granted.

Name _____ Date _____

All information supplied in this application will be held in strictest confidence.

Application Checklist:

- Application form
- A statement prepared by the applicant summarizing why you desire to continue your education, career goals, financial need, volunteerism and leadership abilities
- Transcript from the educational institution most recently attended (high school or college)
- Two letters of endorsement (by persons not related to the applicant) who can attest to the applicant's character, integrity and values