



## 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](mailto: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:

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## Volunteer Information

Please list any volunteer experiences within the past five years:

Volunteer Experience \_\_\_\_\_ Location \_\_\_\_\_

Volunteer Experience \_\_\_\_\_ Location \_\_\_\_\_

Volunteer Experience \_\_\_\_\_ Location \_\_\_\_\_

Volunteer Experience \_\_\_\_\_ Location \_\_\_\_\_

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:

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

Scholarship/Grant \_\_\_\_\_ Amount of Award \$ \_\_\_\_\_  
Scholarship/Grant \_\_\_\_\_ Amount of Award \$ \_\_\_\_\_  
Scholarship/Grant \_\_\_\_\_ Amount of Award \$ \_\_\_\_\_  
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