



# JMH GUILD-VOLUNTEER HEALTH FIELD SCHOLARSHIP APPLICATION

## OBJECTIVE:

To financially assist Johnson Memorial Hospital volunteers to continue their education in a health-related field.

## 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 volunteer currently associated with Johnson Memorial Hospital and in good standing. This scholarship is intended for individuals who currently volunteer or those that have volunteered in the past 12 months at JMH and are continuing their education in a health-related field.

## BASIS OF AWARDING SCHOLARSHIP:

The scholarship will be awarded based on JMH involvement, 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 and or meet the requirements will not be considered. JMH guild reserves the right to withdraw the JMH Guild Volunteer Scholarship if no applicant meets the scholarship requirements.

## SUBMIT APPLICATIONS TO:

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



**JMH Guild Volunteer  
Health Field  
Scholarship Application**

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

Hospital Dept: \_\_\_\_\_ Current Position: \_\_\_\_\_

Home Street Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

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:

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

**Financial Information**

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

Continued on Page 2

Please explain any circumstances to help determine your financial need:

---

---

Please elaborate on your time at JMH and what Patient First means to you:

---

---

---

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