

Freda P. & Millard R. Montgomery Registered Nursing Scholarship Application

OBJECTIVE:

To financially assist Johnson County residents pursuing a Bachelor of Science in Nursing Degree at any recognized and accredited college or university in Indiana. This scholarship is a memorial to Freda P. and Millard R. Montgomery, who wanted to give back to their community by providing financial assistance to those pursuing a nursing degree.

SCHOLARSHIP AWARD:

The Freda P. & Millard R. Montgomery Scholarship will award a maximum amount \$2,000 per semester for the duration of nursing school, not to exceed four years. This award is for tuition fees only. The amount will be paid directly to the school upon proof of registration by the college or university.

ELIGIBILITY:

1. Applicant must be a Johnson County resident.
2. Applicant must be a high school senior in a Johnson County high school or a home-schooled student
3. Applicant must be accepted in an accredited educational institution in Indiana to obtain a Bachelor of Science in Nursing Degree.
4. Applicant must provide proof of SAT scores and class rank among peers.
5. Application must be complete

BASIS OF AWARDING SCHOLARSHIP:

The scholarship will be awarded based on educational achievement, financial need and long-term goals.

FORM OF APPLICATION:

An applicant must complete the written application truthfully and completely for the Freda P. & Millard R. Montgomery Scholarship and submit according to the guidelines and deadlines.

APPLICATION DEADLINE:

The complete application must be sent to Johnson Memorial Hospital Foundation and postmarked by April 1, 2026. Applications that do not conform to the requirements will not be considered. If any of the required information is missing your application is subject to disqualification.



SUBMIT APPLICATIONS TO:

Johnson Memorial Hospital Foundation
c/o Montgomery Scholarship
1125 West Jefferson Street
Franklin, IN 46131
Questions, please call 317-346-3703

Freda P. & Millard R. Montgomery Registered Nursing Scholarship Application

Name: _____

Street _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ Email _____

Parent/Guardian Name(s): _____

School Information

High School(s) attended: _____

High School Graduation Date: _____ Cumulative GPA _____

Current class rank*: _____ # students in class*: _____ SAT: _____

*ask school counselor if not available through transcripts

College/University where you have been accepted: _____

Financial Information

Household Income: \$ _____ Number of people living in your home: _____

Please provide a brief explanation of why financial assistance is necessary.

Please provide a brief explanation of how you intend to use the funds requested.

Please provide an explanation of your long-term goals/plans as they pertain to a career in nursing.

Please list all non-loan tuition assistance from all other sources which you have requested, obtained or will seek.

Scholarship/Grant _____	Amount of Award \$ _____	Pending <input type="checkbox"/>	Awarded <input type="checkbox"/>	Rejected <input type="checkbox"/>
Scholarship/Grant _____	Amount of Award \$ _____	Pending <input type="checkbox"/>	Awarded <input type="checkbox"/>	Rejected <input type="checkbox"/>
Scholarship/Grant _____	Amount of Award \$ _____	Pending <input type="checkbox"/>	Awarded <input type="checkbox"/>	Rejected <input type="checkbox"/>
Scholarship/Grant _____	Amount of Award \$ _____	Pending <input type="checkbox"/>	Awarded <input type="checkbox"/>	Rejected <input type="checkbox"/>

☐ 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 (required):

- ☐ Application Form
- ☐ Copy of high school transcript
- ☐ Copy of parents' and/or applicant's most recent tax return (First two pages, please remove Social Security Numbers)
- ☐ Copy of acceptance letter into Nursing Program

**Reminder to ensure the application is complete as your application could be disqualified if not.