

PROFESSIONAL DEVELOPMENT AWARD APPLICATION

OBJECTIVE:

To financially assist Johnson Memorial Hospital employees in continuing their education in a health-related field, with the expectation the employee will remain at Johnson Memorial Hospital at the completion of his/her program and make a positive impact on the department, the employee and Johnson Memorial Health.

SCHOLARSHIP AWARD:

The Johnson Memorial Hospital Foundation will award funds in varying amounts, dependent on funds available. These funds are designed to cover single, short-term professional development (seminar/workshop/education programs and/or certifications within the employee's area of work). This award is NOT intended for tuition purposes.

ELIGIBILITY:

Funds are open to any full or part-time employee currently employed at Johnson Memorial Hospital and in good standing.

BASIS OF AWARDING FUNDS:

Funds will be awarded based on leadership, achievements, and benefit to Johnson Memorial Health.

FORM OF APPLICATION:

Applicant must complete and submit the Johnson Memorial Hospital Foundation Professional Development Award application according to guidelines and deadlines. In addition to the application form, applicants must submit the following to be considered for this award:

1. Provide a letter from current supervisor/manager who can attest to the applicant's leadership, achievements and the positive impact the professional development would have on the department, the employee and Johnson Memorial Health.
2. A statement (approximately 300 words) prepared by the applicant summarizing why you desire to continue your education including career goals.
3. Detailed description of short-term professional development opportunity and outline of all expenses.

APPLICATION DEADLINE:

Submit completed application to the Johnson Memorial Hospital Foundation. Applications that do not conform to the requirements will not be considered. Deadline for application: April 1, 2026.



SUBMIT APPLICATIONS TO:

Johnson Memorial Hospital Foundation
c/o JMH Foundation Professional Development Award
1125 West Jefferson Street, Franklin, IN 46131
Email: foundationmail@johnsonmemorial.org
Questions, please call 317-346-3703

Professional Development Award Application

Name: _____

Hospital Dept: _____ Current Position: _____

Home Street Address: _____ City _____ St _____ Zip _____

Work Phone: _____ Home/Cell Phone: _____

Email: _____

Name of Program/Certification: _____

Date(s) of Program/Certification: _____

Total Cost of Program/Certification \$ _____ Amount Requested \$ _____

If total amount requested is not awarded, are you still interested in attending: _____

Financial Information:

Hourly Rate: _____ Length of Tenure at JMH: _____ ☐ Full Time ☐ Part Time

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

Name _____ Date _____

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

Application Checklist:

- ☐ Completed application form
- ☐ Detailed description of single, short-term professional development opportunity and outline of all expenses.
- ☐ A letter from current supervisor/manager who can attest to the applicant's leadership, achievements and the positive impact the professional development would have on the department, the employee and Johnson Memorial Health.
- ☐ A statement (approximately 300 words) prepared by the applicant summarizing why you desire to continue your education including career goals.

* Please note that payment will be made directly to the vendor for awards. We prefer not to issue checks directly to award recipients.