

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 2025-2026. 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 <u>currently</u> 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, 2025. 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



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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 acc ☐ Yes ☐ No	cepted to a college or university for th	ne upcoming semester:	
Name of College/University:			
Start date for upcoming semester:	Major/Area of Stu	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	Locati	Location	
Volunteer Experience	Location	Location	
Volunteer Experience	Location	Location	
Volunteer Experience	Location	Location	
Volunteer Experience	Locatio	Location	
Financial Information			
Annual Household Income: \$	Number of Peop	Number of People in Household:	

Please	se explain any circumstances to help determine your fina	nncial need:	
Please	se elaborate on your time at JMH and what Patient First	means to you:	
Are y	you currently receiving any support for continuing educa	ation? If so, please describe:	
Schol	larship/Grant	Amount of Award \$	
Schol	larship/Grant	Amount of Award \$	
Schol	larship/Grant	Amount of Award \$	
Schol	larship/Grant	Amount of Award \$	
kn	hereby affirm that the information provided on this app nowledge. Falsification of information may result in dis ranted.		
Name	e	Date	
	nformation supplied in this application will be held in st		
Appli	ication 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 rece	ntly attended (high school or college)	
	Two letters of endorsement (by persons not related to character, integrity and values	the applicant) who can attest to the applicant's	

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