



# Anita Keller Lifelong Learning Nursing Scholarship Application

**OBJECTIVE:**

To financially assist RNs employed at Johnson Memorial Hospital in pursuing the completion of a Bachelors of Science Degree in Nursing from a NLN/CCNE accredited program.

**SCHOLARSHIP AWARD:**

The Anita Keller Lifelong Learning Nursing Scholarship will be awarded and distributed bi-yearly. The amount will be paid directly to the school upon proof of registration from the college or university. Funds may only be used for tuition or fees. All applicants will be considered with the total available funding distributed between applicants meeting the criteria up to a total amount of \$1,200 per year for at least 3 credit hours bi-yearly, or 6 total credit hours per year.

**ELIGIBILITY:**

1. Applicant must be a RN currently employed at Johnson Memorial Hospital and who is scheduled to work a minimum of 30 hours per pay period as recorded on their Personnel Action Notice on file in the Human Resources Department
2. Applicant must currently hold an Associates Degree in Nursing and is pursuing a Bachelors Degree in Nursing
3. Applicant must be registered for at least 3 credit hours bi-yearly and must be enrolled at the time of application. Proof of enrollment to JMH Foundation within 30 days of when request is made.
4. Applicant must maintain a passing grade of B or higher to be eligible for future funding
5. Applicant must be enrolled in a NLN/CCNE accredited nursing program
6. Scholarship funds must be used for tuition
7. The total combined reimbursement from the hospital's tuition assistance program and this scholarship cannot exceed 100% of the cost of tuition, books, and laboratory/technology fees. If combined discounts and scholarship exceed total costs, the employee will not receive a refund
8. Tuition/fees are *estimated* and may not include all actual costs

\*Tuition reimbursement varies (see JMH Human Resources Tuition Reimbursement Policy on the JMH InfoNet)

**BASIS OF AWARDED SCHOLARSHIP:**

The Scholarship will be awarded based on enrollment in an accredited BSN program. Applicant must meet the work and grade eligibility mentioned above.

**APPLICATION DEADLINE AND ADDITIONAL INFORMATION:**

Applicant must submit completed application by the June 30th or October 30th deadline. Funds will be awarded in July or January and paid directly to the school. If the applicant has paid the tuition in full, checks will be made payable to applicant or applicants student loan company. Applications that do not conform to the requirements will not be considered.

**SUBMIT APPLICATIONS TO:**

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



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

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

Work Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Hospital Unit: \_\_\_\_\_ Hours Worked Per Pay Period: \_\_\_\_\_

College/University Currently or Planning on Attending: \_\_\_\_\_

Degree Pursuing: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Hours Registered for this Semester: \_\_\_\_\_ Hours Completed Last Semester: \_\_\_\_\_

GPA for Last Semester (if currently attending): \_\_\_\_\_

☐ 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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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

## Application Checklist:

\_\_\_\_\_ Completed application form

\_\_\_\_\_ Current registration verification of NLN/CCNE accredited program attached with enrollment credits

\_\_\_\_\_ If repeat applicant, proof of passing grades of B or higher