

# 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 \$1,000 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 with proof of SAT scores and class rank among peers.
3. Applicant must be accepted in an accredited educational institution in Indiana to obtain a Bachelor of Science in Nursing Degree.

## **BASIS OF AWARDED 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 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 2, 2021. Applications that do not conform to the requirements will not be considered.



## **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.

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

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

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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:

- 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)