

# Katie Robards Memorial Education Scholarship Application

## **OBJECTIVE:**

To financially assist Johnson County residents pursuing careers in a health-related field at any recognized and accredited college or university in Indiana. This memorial scholarship is given on behalf of Katie Robards, a caring nurse for more than 40 years at Johnson Memorial Hospital.

## **SCHOLARSHIP AWARD:**

The Katie Robards Memorial Education Scholarship will award several scholarships in the amount of \$500-\$1000 for the academic school year 2023-2024. The amount will be paid directly to the school upon proof of registration by the college or university. Funds may only be used for tuition, payment of books and/or materials.

## **ELIGIBILITY:**

1. Applicant must be a Johnson County resident.
2. Applicant may be a high school senior, a home-schooled student with proof of SAT scores, or an adult.
3. Applicants must be pursuing a degree in a health-related field.

## **BASIS OF AWARDED SCHOLARSHIP:**

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

## **APPLICATION:**

Applicant must submit a completed application form (according to guidelines and deadlines).

## **APPLICATION DEADLINE:**

A complete application must be sent to the Johnson Memorial Hospital Foundation and postmarked by April 3, 2023. Applications that do not conform to the requirements will not be considered.



## **SUBMIT APPLICATIONS TO:**

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

# Katie Robards Memorial Education Scholarship Application

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

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email \_\_\_\_\_

Parents/Guardian Name(s) (if applicable) \_\_\_\_\_

## IF HIGH SCHOOL SENIOR - COMPLETE THIS SECTION ONLY:

High School(s): \_\_\_\_\_ Graduation Date \_\_\_\_\_

Number of Students in class: \_\_\_\_\_ Current Class Rank: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Career/Degree you will pursue: \_\_\_\_\_ Year of college graduation (est.) \_\_\_\_\_

College/University you plan to attend: \_\_\_\_\_

## IF COLLEGE STUDENT - COMPLETE THIS SECTION ONLY:

High School(s) attended: \_\_\_\_\_

College/University currently attending or planning to attend: \_\_\_\_\_

Degree you are pursuing: \_\_\_\_\_ GPA (if currently attending): \_\_\_\_\_

Expected Year of Graduation: \_\_\_\_\_

## FINANCIAL INFORMATION:

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

Please explain any circumstances that would help us determine your financial need:

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Please indicate other scholarships, grants or loans received or applied for:

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"/>

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

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Please provide a brief explanation of your long-term goals/plans as they pertain to a career in health care:

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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 \_\_\_\_\_

Application Checklist

- Application Form
  
- Transcript from the educational institution most recently attended (official transcript not required - transcripts from high school or college website should provide name, school name, courses taken, grades, grade points, gpa)