



JMH GUILD-HIGH SCHOOL HEALTH-RELATED SCHOLARSHIP APPLICATION

OBJECTIVE: To financially assist high school seniors or high school graduates who have graduated within the past two years, who plan to continue their education in a health-related field at any recognized and accredited college or university in Indiana. The Johnson Memorial Hospital Guild is interested in showing its support for continuing education as well as supporting Johnson Memorial Hospital. It is the desire of the Hospital Guild that scholarship recipients will consider Johnson Memorial Hospital for employment at the completion of his/her studies.

SCHOLARSHIP AWARD: The Johnson Memorial Hospital Guild will award a scholarship for the academic school year 2019-2020. The amount will be paid directly to the school upon proof of registration by the college or university.

ELIGIBILITY: Recipients must be a high school senior or a high school graduate within the past two years meeting at least one of the following criteria:

1. A Johnson Memorial Hospital teen volunteer (whether from a Johnson County school or not), or
2. A child of a JMH employee (whether from a Johnson County school or not), or
3. A senior (2019 graduate) or graduate in 2018, 2017 from a Johnson County high school, or
4. A home schooled student with proof of SAT scores and diploma equivalent, who lives in Johnson County.

BASIS OF AWARDED SCHOLARSHIP: The scholarship will be awarded based on the student's academic performance (GPA), financial need, Volunteerism, and JMH Volunteerism.

FORM OF APPLICATION: Applicant must complete and submit the written application for the Johnson Memorial Hospital Guild High School Scholarship according to guidelines and deadlines. In addition to the application form, applicants must submit the following to be considered for this award:

1. Applicant must submit a statement (approximately 300 words) summarizing extracurricular activities, accomplishments, volunteer experiences, and educational and career goals.
2. Applicant must submit the most recent school transcript.
3. Applicant must provide two letters of recommendation (by persons not related to the applicant) meeting the following criteria:
 - a. A letter from a school authority (teacher, principal, etc.) that contains information concerning the applicant's character, leadership, and study skills.
 - b. A letter of endorsement from an individual who can attest to the applicant's character, integrity, values, and willingness to work.

APPLICATION DEADLINE: A complete application must be sent to the Johnson Memorial Hospital Foundation and postmarked by April 2, 2019. Applications that do not conform to the requirements will not be considered.

SUBMIT APPLICATIONS TO:

Johnson Memorial Hospital Foundation
c/o Johnson Memorial Guild High School Health-Related Scholarship
1125 West Jefferson Street, Franklin, IN 46131
Questions, please call 317-346-3703
Email: foundationmail@johnsonmemorial.org

High School Health-Related Scholarship Application

Name _____ DOB _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Parent/Guardian Name(s) _____

Check all that apply:

I am a Johnson County Resident

I am a JMH Teen Volunteer? List department(s) _____

I have a family member employed at JMH Relationship _____

Name _____ Department _____

School Information

High School(s) attended _____ Cumulative GPA _____

High School graduation date _____

College Attending _____ Cumulative GPA _____

Career/Degree you will pursue _____

Volunteer Information

Please list any volunteer experiences within the past five years:

Volunteer Experience _____ Location _____

Volunteer Experience _____ Location _____

Volunteer Experience _____ Location _____

Volunteer Experience _____ Location _____

Volunteer Experience _____ Location _____

Financial Information

Annual Household income \$ _____ Number of people living in your home: _____

Please explain any circumstances that would explain your financial need.

Please list all other grants and scholarships for which you have applied.

Scholarship/Grant _____ Amount of Award \$ _____
Scholarship/Grant _____ Amount of Award \$ _____
Scholarship/Grant _____ Amount of Award \$ _____
Scholarship/Grant _____ Amount of Award \$ _____

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
 - A copy of parents' and/or applicant's most recent tax return
 - A statement (approximately 300 words) prepared by the Applicant summarizing activities, accomplishments, and educational and career goals
 - An official high school transcript
- Two letters of recommendation (by persons not related to the applicant) meeting the following criteria:
- a. A letter from a school authority (teacher, principal, etc.) that contains information concerning the applicant's character, leadership, and study skills
 - b. A letter of endorsement from an individual who can attest to the applicant's character, integrity, values, and willingness to work