

MARY JOHNSON SCHOLARSHIP

Presented by HonorHealth Volunteer Services Advisory Council

Submission deadline: Noon on Wednesday, Jan. 15, 2025

The Mary Johnson Scholarship was established by the family of a volunteer.

A one-time \$3,000 scholarship will be awarded.

Eligibility requirements:

- Resident of Arizona and enrolled in a nursing program at an Arizona college or university. Funds are made payable to the education institute where the recipient is enrolled for expenses for fall 2025.
- Graduate from a nursing program December 2025 or later (fund distribution is for use in fall 2025.)
- Past winners of a scholarship are not eligible to win in consecutive years.

Application details:

- Complete and submit the Mary Johnson Scholarship application.
- One-page response to the question, "Why did you choose nursing as your future profession, and what strengths and characteristics do you have that will help you become successful in your chosen career?"
 - The use of AI technology (including but not limited to ChatGPT) is not permitted when writing your personal statement.
- A one-page letter of recommendation from a professional person (not related to you) preferably working in healthcare.
- A copy of your college transcript (official transcript is required.)

Application submission:

Your completed application should be submitted in one of the following manners:

Attn: Scholarship Committee
250 E. Dunlap Ave., Phoenix, AZ 85020

By mail: HonorHealth Volunteer Office

By email: StudentVolunteers@HonorHealth.com

Subject line should read: Mary Johnson Scholarship Application

Additional information: Complete applications submitted by the deadline will be reviewed by the Scholarship Committee. Top candidates will be invited to attend an interview as part of the selection process. Interviews are currently planned for the first week of March 2025. Only those who attend an interview will be considered.

MARY JOHNSON SCHOLARSHIP APPLICATION

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First name: _____ Last name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Use the Box Below to List All Community Service Organizations Including HonorHealth:

Organization name	Supervisor	Phone or email	Total hours

Do you have a connection to HonorHealth? Yes No If yes, please explain:

Name of college or university where scholarship will be used:

Include address of scholarship or financial aid office.

Field of study/declared major: _____

Unweighted GPA: _____ Weighted GPA: _____

Anticipated Graduation: _____ # of Completed Semester Hours: _____

I confirm the following documents are attached:

One-page response to the question: *Why did you choose nursing as your future profession, and what strengths and characteristics do you have that will help you become successful in your chosen career?*

One-page letter of recommendation

All college transcripts (official)

FOR OFFICE USE ONLY:

DATE & TIME APPLICATION RECEIVED: _____ BY: _____