



Johnson Salazar Nursing Scholarship

History: Named on behalf and in honor of two dedicated registered nursing staff members that have a combined service of 70+ years with Matagorda County Hospital District. Both Jan Johnson, RN and Carolyn Salazar, RN were charter board members of the Matagorda Regional Medical Center Foundation (MRMCF) and played key roles in the formative years of the organization.

- **Scholarships are awarded annually and applications are always due by March 15th of the year awarded.**
- **The Foundation will award two \$2,500 Scholarships in 2019**

Qualification

Nursing Scholarship Program applicants must have applied to and exhibit intent to attend an accredited institution of higher learning located within the continental United States. Graduating seniors and college students must submit a copy of their letter of acceptance and a copy of class schedule for Fall 2019 (if available) to fulfill this requirement. Applicant's field of study must be in the area of Nursing.

Eligible Applicants

- U.S. citizens (born or naturalized), nationals or lawful permanent residents
- Enrolled or accepted for enrollment in an accredited institution of higher learning located in the United States
- Be a Matagorda County resident, work in Matagorda County, or have graduated from a Matagorda County High School or from a Certified Home School Program within Matagorda County.
- Graduating high school seniors must have maintained a cumulative GPA of 3.0 on 4.0 scale. College student must have maintained a GPA of 2.5 or better. All applicants must be enrolled for a minimum of 12 semester hours or be a fulltime employee pursuing a higher education in the nursing field.
- Applicant's field of study must be in the area of Nursing.

Selection Criteria

Applicants must be enrolled or accepted for enrollment in an accredited institution of higher learning located within the continental United States as full-time student.

Application Deadline: March 15th

**All materials must be submitted by March 15th
NO EXCEPTIONS!**

Johnson Salazar Nursing Scholarship Program 2019

Service. Stewardship. Excellence. Respect. Integrity. Community Advocate.

Scholarship Criteria

It is the policy of Matagorda Regional Medical Center Foundation to consider all qualified candidates without regard to race, religion, national origin, gender, sexual orientation or disability. Funds are distributed directly to the student or accredited institution to help assist with expenses of tuition and related fees at an accredited institution of higher learning located in the United States.

Applicant signature indicates that all information contained in the application is complete, factually correct and honestly presented. If any information is found to be false, this may result in the forfeiture of the scholarship award.

Applicants must reside or work in Matagorda County, or have graduated from a Matagorda County High School or from a certified home schooling program within Matagorda County.

Award recipient(s) must volunteer at the Foundation's Annual Golf Tournament, the second weekend in August (August 10, 2019), where the recipient (s) will receive acknowledgement, in addition to their scholarship check at the closing ceremonies of the golf tournament.

Awards are granted at the discretion of the Matagorda Regional Medical Center Foundation. It is the responsibility of the scholarship award recipient to use these granted resources as best as they can to help in their pursuit of continued education in nursing.

Matagorda Regional Medical Center Foundation maintains the anonymity of the applicants and does not share personal information, including names, addresses or social security numbers with any outside parties. Matagorda Regional Medical Center Foundation reserves the right to terminate scholarships at any time.

Renewing scholarship request after more than a semester without a Johnson Salazar Scholarship will require the same application process as a new first time applicant.



Failure of the scholarship applicant/recipient to provide the required paperwork by the required deadline will result in forfeiture of any further payments. If a prior scholarship recipient fails to provide the required paperwork, he/she must start the scholarship application process again and will be considered a new applicant. Grade reports or transcripts must come directly from the institution of higher learning, must be certified "Original" and must be unopened upon presentation to the Scholarship Committee. **Grade reports from the internet or photocopies will not be accepted.**

Graduating high school seniors must have maintained a cumulative GPA of 3.0 on 4.0 scale. College student must have maintained a GPA of 2.5 or better. All applicants must be a citizen of the United States and be enrolled for a minimum of 12 semester hours or be a fulltime employee pursuing a higher education in the nursing field.

It shall be the responsibility of the Scholarship Committee to make a determination of eligibility for each applicant and to select the successful applicant (s). The candidates will then be submitted to the full Board of Directors of the Matagorda Regional Medical Center Foundation for approval. Candidates can either be approved or denied by the Board. New applicants selected to be considered for scholarships may be required to personally meet and be interviewed by the Scholarship Committee. At least two members of the Scholarship Committee must be in attendance at each interview. "Current Recipient" status does not automatically qualify applicant for future scholarship payments. In the event of equal qualifications, priority will be given to existing recipient over new applicants. Any and all scholarship payments will be contingent upon the financial status of the Matagorda Regional Medical Center Foundation.

Scholarship recipients are strongly encouraged to work for the Matagorda County Hospital District upon graduation as a good faith effort to "repay" the scholarship.

It shall be the responsibility of the Scholarship Committee to notify each applicant as to the disposition of his/her application including the amount of the scholarship.

Notification of Applicants:

Applicants will be notified of their status by April 30th. Checks will be distributed upon receipt of the student's proof of enrollment /acceptance in an accredited institution of higher learning located within the continental United States, and upon completion of the volunteer commitment at the Foundation's Annual Golf Tournament.

With my signature below, I am making a Statement to Confirm that: I,
_____ (print name please) have read the JOHNSON SALAZAR
SCHOLARSHIP GUIDELINES presented to me by the MATAGORDA REGIONAL MEDICAL CENTER
FOUNDATION and will abide by these guidelines for my application to be favorably considered.

Applicant's Signature

Date



Application Cover Sheet

2019 Johnson Salazar NURSING SCHOLARSHIP

Name: _____

Application Checklist: (To be completed by all Academic and Enrichment Scholarship Applicants)

*Application is only considered complete and valid when **all** items listed are mailed or dropped off together:*

- ✓ Graduating seniors and college students must submit a copy of their letter of acceptance and a copy of class schedule (if available) for Fall 2019 _____
- ✓ Your current official school transcript _____
- ✓ Information on other grants/ scholarships for which you have applied/received in the last 12 months _____
- ✓ Your Personal Statement/Essay _____
- ✓ Two Letters of Recommendation _____
- ✓ 5x7 Color Photograph of Applicant _____

Applicant Disclosure

I, _____ attest that all of the information provided in this application is complete, factually correct and honestly presented. I understand that if any of the information is found to be false, this may result in disqualification or forfeiture of the scholarship award. I understand that my signature below attests to the above, and I agree to adhere to these terms.

Applicant Signature

Date

Johnson Salazar Nursing Scholarship Program 2019

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Scholarship Application: Applicant

Applicant's Name: _____

Age: _____ Date of Birth: _____ Gender (Circle): Male/Female

Mailing Address: _____

Daytime Telephone Number: _____ Email Address: _____

College/School or Program Name: _____

Personal Statement

In an, up to 500 word essay regarding **Professional Nursing**, tell us this: **Describe in your own words your current knowledge and/or impression of what Professional Nursing entails.**

Letters of Recommendation

Please provide two letters of recommendation from **non-family** members.

Photo: 5x7 color photo of applicant is required with application.

MAIL OR DROP OFF APPLICATION BY MARCH 15th TO:

Tiffany Foltyn
Matagorda Regional Medical Center Foundation
1833 Seventh Street
Bay City, TX 77414
Phone: (979) 241-5534

