



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 2024

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 2024 (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 2024

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 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.

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.

Graduating high school seniors must have maintained a cumulative GPA of 3.0 on 4.0 scale. College students 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. 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. 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.

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

2024 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 2024 _____
- ✓ Your current official school transcript (No copies accepted) _____
- ✓ Information on other grants/ scholarships for which you have applied/received in the last 12 months _____
- ✓ Leadership Roles _____
- ✓ Awards & Recognitions _____
- ✓ Employment _____
- ✓ Your Personal Statement/Essay _____
- ✓ Two Letters of Recommendation. One recommendation **MUST** come from someone outside the school system, such as minister, employer, etc. _____
- ✓ 5x7 Color Photograph of Applicant _____
- ✓ You may add attachments to this application if more space is needed.

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 2024

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Scholarship Application: Applicant

Applicant's Name: _____

Age: _____

Date of Birth: _____

Mailing Address: _____

Daytime Telephone Number: _____ Email Address: _____

High School and/or College Attending (if applicable): _____

College/School or Program Name: _____

How did you learn about this scholarship opportunity? _____

Please list colleges that you have submitted applications to (please indicate if you have been accepted):

College Choice(s): 1. _____ Accepted: Yes or No

2. _____ Accepted: Yes or No

3. _____ Accepted: Yes or No

List current scholarships received or applied for: _____

Leadership Roles

List any leadership positions you have held in high school, college, volunteer organizations and/or extracurricular activities.

Awards & Recognitions

Please summarize any awards and/or recognition you have received in your high school, college, volunteer, extra-curricular and or employment activities.

Employment

Please list places of employment, if any. Hours worked per week.

Volunteer Experience

Please list any organizations you volunteer your time.

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. **One recommendation MUST come from someone outside the school system, such as minister, employer, etc. We do not accept recommendations from family members.**

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

MAIL OR DROP OFF APPLICATION BY FRIDAY, MARCH 15, 2024 TO:

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