



**DEBBIE JOHNSON
MEMORIAL SCHOLARSHIP**

Thank you for your interest in the Debbie Johnson Memorial Scholarship (DJMS) Program. Please carefully read the following material, complete the accompanying application and **return the application and supporting documentation to:**

MAIL: Piedmont Fayette Hospital Auxiliary
ATTN: SCHOLARSHIP COMMITTEE
1255 Highway 54 West
Fayetteville, GA, 30214

DROP OFF: Piedmont Fayette Gift Shop
ATTN: SCHOLARSHIP COMMITTEE
1255 Highway 54 West (East entrance)
Fayetteville, GA 30214
Monday-Friday 9:30 a.m.-5:00 p.m.

The following documents are required: a current official transcript (high school or college) and at least two letters of recommendation written within the past twelve months, preferably from professional or academic associates. Your application, transcript, letters of recommendation, and signed Scholarship Agreement must be received in the Gift Shop by 5 p.m. on **April 8, 2024**. Please be aware that an incomplete or late application will **NOT** be considered for a scholarship.

**APPLICATIONS AND SUPPORTING DOCUMENTS
DEADLINE IS APRIL 8, 2024**

Scholarship recipients will be selected by April 18, 2024. Awards will be distributed directly to the academic institutions in May for the 2024-2025 academic year. If you have any questions after reviewing the attached packet of information, please call Charlang Ferguson, Auxiliary Services Specialist, 770-719-7287; Charlang.Ferguson@piedmont.org.

SCHOLARSHIP QUALIFICATIONS

1. Scholarships will be awarded only to students pursuing nursing careers. There is no age restriction.
2. Applicants must either be a current senior of, or a graduate of a Fayette County high school.
3. Applicants must either be attending, or have been accepted, into a nursing program at an accredited college, university or technical school in or out of the state of Georgia.
4. An **official** transcript is required; faxes or photocopies are not acceptable.
5. Applicants may be required to have a personal interview with the PFHA Scholarship Committee and, unless self-supporting, a parent or guardian must be present.

DISBURSEMENTS

1. Scholarships awarded shall be \$500.
2. Checks will be sent directly to the student's school and may be allocated to any quarter or semester of the academic year based upon the student's financial needs.
3. The scholarship is non-renewable.

Please note that all information will remain confidential.

Questions regarding this scholarship application should be directed to Charlang Ferguson, Auxiliary Services Specialist, 770-719-7287; Charlang.Ferguson@piedmont.org.

CHECK LIST FOR APPLICATION

- Completed and signed application (all spaces must be filled).
- Completed and signed Scholarship Agreement.
- Two (2) letters of recommendation selected from teachers, counselors, supervisors, or clergy with date, appropriate letterhead and in a **sealed envelope**.
- An **official** high school and /or college transcript in a **sealed envelope**. High school transcript is needed **only** if you are entering your freshman year of a medically related program through college, university, technical school or a hospital-based program.
- Official** proof of acceptance (if not currently enrolled) from the educational institution/nursing program you will attend.

The deadline for submitting all the required documents via mail or hand-delivery is 5:00 PM on **April 8, 2024**.



DEBBIE JOHNSON MEMORIAL SCHOLARSHIP APPLICATION

Application must be made **ONLY** on this 2024 form.
Please print or type, complete all blanks and use N/A when not applicable.

PERSONAL INFORMATION:

1. Full Name _____
2. Social Security Number _____ Date of Birth _____
3. Present Address _____
Street _____
City _____ State _____ Zip _____ Cell Phone _____
Permanent Address _____
Street _____
City _____ State _____ Zip _____ Home Phone (if applicable) _____
4. Marital Status _____ Spouse's Name _____
5. Dependents (age and relationship) _____

EDUCATIONAL INFORMATION

1. What is your course of study and present academic level? _____

 2. What school will you be attending this fall? _____
Name of school and address of the **FINANCIAL AID OFFICE** _____

- Full or part time _____ Expected Graduation Date _____
- If part time, specify what else you will be doing _____

EDUCATION

Please list beginning with the most recent.

SCHOOL	MAJOR	DATES ATTENDED	DEGREE OBTAINED

EMPLOYMENT HISTORY

List your last three places of employment beginning with the most recent.

EMPLOYER	DATES EMPLOYED	POSITION	REASON FOR LEAVING

CONFIDENTIAL INFORMATION

Supply the following information as applicable.

Person(s) responsible for your educational expenses: _____Parents _____Spouse _____ Self

PLEASE COMPLETE IF PARENTS ARE RESPONSIBLE FOR YOUR EXPENSES

1. Father's Name _____

Place of Employment _____
Company Address

Occupation and approximate annual income _____

2. Mother's Name _____

Place of Employment _____
Company Address

Occupation and approximate annual income _____

3. Number and ages of siblings _____

How many in school? _____ How many in college? _____

PLEASE COMPLETE IF YOU ARE MARRIED

1. Spouse's Name _____

Place of Employment _____
Company Address

Occupation and approximate annual income _____

2. Number and ages of children _____

Do you contribute to the support of any other person(s) or have other financial obligations? Yes No

Example: current loans, amount and date due _____

PLEASE COMPLETE IF YOU ARE SINGLE AND SELF SUPPORTING

Occupation and approximate annual income _____

Number and ages of children _____

OTHER INCOME SOURCES

Type and amount of scholarship(s) _____

Loans _____ Stipends _____

Other _____, please specify _____

STUDENT CERTIFICATION

I declare that the information reported herein is true, correct and complete.

Signature _____ Date _____

**DEBBIE JOHNSON MEMORIAL
SCHOLARSHIP AGREEMENT**

It is agreed that:

1. The decisions of the Scholarship Committee are final.
2. Additional personal and/or financial information will be provided to the committee if requested.
3. Scholarship funding is to defray the cost of all or part of tuition, books, and fees and paid to the college/university/technical school you are attending.
4. In the event you elect not to continue a course of study in a nursing related field, scholarship funding will no longer apply and any funds remaining must be returned to the Piedmont Fayette Hospital Auxiliary.
5. The scholarship is valid for the current school year only; however, you may apply for another scholarship the following year(s).

I have read and clearly understand the above agreement, this ____ day of _____, 2024.

Student _____
Signature

Print Name

Witness* _____
Signature

Print Name

Parent/Guardian/
Spouse _____
Signature

Print Name

Witness _____
Signature

Print Name

***NOTE:** Parent/Guardian/Spouse cannot be a witness for student's signature.

As part of your application, please submit:

1. At least two (2) letters of reference selected from teachers, counselors, supervisors, or clergy with date, appropriate letterhead and in a **sealed envelope**.
2. The **school and complete address** where the scholarship check is to be mailed if you are selected. Check with the school for the correct mailing information.
3. An **official** high school and /or college transcript in a **sealed envelope**. High school transcript is needed **only** if you are entering your freshman year of a nursing-related program through college, university, technical school or a hospital-based program.
4. **Official** proof of acceptance (if not currently enrolled) from the educational institution you will attend.
5. Please ensure that the completed application form, along with the required letters of reference, personal profile, high school and/or college transcript, and/or official proof of acceptance, is **postmarked** or hand-delivered to the Piedmont Fayette Gift Shop no later than **April 8, 2024**.