



THE BARBARA FLEMING MEMORIAL NURSING SCHOLARSHIP

Purpose:

The purpose of this scholarship is to provide financial assistance to individuals interested in entering the field of nursing or advancing their degree in nursing.

This scholarship award does not have to be repaid. The scholarship is a minimum of \$500, and will be paid directly to the vocational school or college where the student is enrolled. The scholarship is meant to promote the career of nursing. Therefore the scholarship money may be used toward a degree as a Licensed Practical Nurse, a degree as a Registered Nurse, or a Bachelor of Science in Nursing. The scholarship is to be used to pay school related expenses toward any of these degrees.

Administration of the Award:

The Barbara Fleming Memorial Scholarship is administered by the Tuition Scholarship Committee of Mennonite Home Communities of Ohio. The committee is made up of staff, a Mennonite Home Communities board member, and a representative from Barbara Fleming's family.

The committee will meet to review all the applications and will award the scholarship in April of each year. Preference is given to Mennonite Home Communities employees or their family members, but consideration is given to all applicants.

Qualifications:

The individual must be entering a course of study that leads to a career in nursing or advancement of a degree in nursing. A completed application must be returned to the below address by March 31st.

Questions:

Direct questions to Scholarship Committee coordinator; 419-358-1015, x263.

Mennonite Home Communities of Ohio, 410 West Elm St. Bluffton, Ohio 45817

Ph: 419-358-1015 Fax: 419-358-1919

Applications are also available on line at www.mhcoliving.org/what-s-happening



BARBARA FLEMING MEMORIAL NURSING SCHOLARSHIP APPLICATION

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email Address: _____

Are you an employee of Mennonite Memorial Home, Maple Crest, Mennonite Home Health and Senior Services or Hilty Home? ___ No ___ Yes

Are you a family member of an employee of MHCO? ___ No ___ Yes: _____

Where are you planning to attend school, or where are you currently attending school for your nursing education? _____

Are you a full-time or part-time student? _____

When do you expect to graduate? _____

Why did you decide to pursue a career in nursing? (Please use the back or another piece of paper.)

Are you interested in the field of long-term care nursing? Why or why not?

Which of the following are you planning to pursue? LPN____ RN____ BSN____

Please give a list of school and/or community activities in which you have been involved:

List three references with at least one being a work reference. Please include name, address and phone, and how this person knows you (i.e. pastor, employer, teacher, etc.):

1.

2.

3.

How did you hear of the availability of this scholarship?

Please provide one letter of reference.

Please provide a copy of your high school transcript and college grades to date, if applicable.

**Return application to: Scholarship Committee, c/o Mennonite Home Communities of Ohio,
410 West Elm Street, Bluffton, Ohio 45817 or Fax to 419-358-1919**

DEADLINE is March 31.