



## THE BARBARA FLEMING MEMORIAL NURSING SCHOLARSHIP

### **Purpose:**

The purpose of this scholarship is to provide financial assistance to MHCO employees 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 to be paid to the vocational school or college where the student is enrolled. This is a one-time and one-year award. The scholarship is meant to promote the career of nursing. Therefore the scholarship may be used toward a degree as a Licensed Practical Nurse, a Registered Nurse, or a Bachelor of Science in Nursing, or a Master's of Science in Nursing. The scholarship is to be used to pay school related expenses toward any of these.

### **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. The scholarship money will be sent directly to the student's account at their institution of study in August of the current year.

### **Qualifications:**

The individual must be enrolled in or entering a course of study that leads to a career in nursing or advancement of a degree in nursing. A completed application must be received or postmarked by March 31 of the current year.

### **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



## BARBARA FLEMING MEMORIAL NURSING SCHOLARSHIP APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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.)

What field of nursing are you interested in?

Which of the following are you planning to pursue? \_\_\_LPN \_\_\_RN \_\_\_BSN \_\_\_MSN

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

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.**