

# Mary Johnson Scholarship

Presented by HonorHealth Volunteer Services Advisory Council

**Submission deadline: Noon on Tuesday, February 3, 2026**

The Mary Johnson Scholarship was established by the family of a volunteer.

**A one-time \$3,000 scholarship will be awarded.**

## **Eligibility requirements:**

- Must live in Arizona and enrolled in a nursing program at an Arizona college or university. Funds are made payable to the education institute where the recipient is enrolled for expenses for fall 2026.
- Graduate from a nursing program December 2026 or later (fund distribution is for use in fall 2026.)
- Past winners of a scholarship are not eligible to win in consecutive years.

## **Application details:**

- Complete and submit the Mary Johnson Scholarship application.
- One-page response to the question, "Why did you choose nursing as your future profession, and what strengths and characteristics do you have that will help you become successful in your chosen career?"
  - The use of AI technology (including but not limited to ChatGPT) is not permitted when writing your personal response.
- A one-page letter of recommendation from a professional person (not related to you) preferably working in healthcare.
- A copy of your college transcript (official transcript is required.)

**Application submission:** Send completed application by noon on Tuesday, February 3, 2026 through email. All items are required for the application to be reviewed.

**Send to:** [studentvolunteers@honorhealth.com](mailto:studentvolunteers@honorhealth.com); Subject line should read: Mary Johnson Scholarship Application

**Additional information:** Complete applications submitted by the deadline will be reviewed by the Scholarship Committee. Top candidates will be invited to attend an interview as part of the selection process. Interviews are currently planned for the third week of March 2026. Only those who attend an interview will be considered.

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First name: \_\_\_\_\_ Last name: \_\_\_\_\_

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

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

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

Do you have a connection to HonorHealth?      Yes      No      If yes, please explain:

**Use the Box below to List All Community Service Activities, Including HonorHealth:**

Organization name	Supervisor	Phone or email	Total hours

Name of college or university where scholarship will be used:

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Field of study/declared major: \_\_\_\_\_

GPA: \_\_\_\_\_ Anticipated Graduation: \_\_\_\_\_

# of Completed Semester Hours: \_\_\_\_\_

I confirm the following documents are attached:

- One-page response to question
- One-page letter of recommendation
- All college transcripts (official)