



BARBARA FLEMING MEMORIAL NURSING SCHOLARSHIP APPLICATION

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email Address: _____

Are you an employee of Mennonite Home Communities of Ohio? 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 or college grades.

**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.