



Thomas R. Johnson, M.D. Medical Scholarship

Eligibility to Apply

1. Students must be entering at minimum their second semester sophomore year of a medical school.
2. Students must show proof of enrollment in Medical School or in an orthopedic or family practice residency.
3. Students must have graduated from a Montana High School

How to Apply

1. Applications must be received by April 1.
2. Late or incomplete applications will not be considered.

Recipient Selection

1. The Johnson scholarship committee will review the applications to determine the most qualified candidates.
2. If needed, applicants may be asked to interview. Applicants are responsible for their own interview expenses. Interviews may be in person, by video-conferencing, or by teleconferencing.
3. Funds are limited. Meeting eligibility requirements does not guarantee that an applicant will receive assistance.
4. Recipients will be notified of acceptance in writing with the expected term of scholarship defined.
5. Funds will be sent directly to the University or College of enrollment
6. Scholarship awards may be considered taxable income to you per IRS regulations. You are encouraged to talk with a tax advisor to determine how any scholarship award may impact you.

Checklist of Application Documents

All applicants must include:

1. ___ Application Form
2. ___ Letter of Intent (500 words or less) that answers the following:
 - a. Why you chose to go into medical school, residency in orthopedics, or family practice.
 - b. If applicable, explain why you chose to specialize and/or focus on rural patient care.
 - c. Identify strengths you will bring to the medical field.
 - d. What motivates you most?
 - e. Identify any additional skills/talents/circumstances that should be considered.
3. ___ Faculty Recommendation from a recent instructor.

Thomas R. Johnson, M D Medical Scholarship in Orthopedics

Part I: Applicant Information				
Last Name	First Name	Middle		
Permanent Street Address			Apt #	
City	State	Zip		
Cell Phone	Home Phone	Email Address		
Social Security#		Hometown		
Part II: Education				
Medical School		Address		
City	State	Zip	Expected Date of Graduation	
Intended Specialty		Residency (if applicable)		
List all other colleges, universities, and professional schools in reverse chronological order				
Name of Institution	Major	Minor	Dates of Attendance	Degree Received (yes or no)
Part III: Experience				
List below the professional employment you have held starting with the most recent.				
Institution	Dates	Nature of Duties		

Upon completion of this application and its requirements please forward to:

St. Vincent Healthcare Foundation
Dr. Thomas R. Johnson Scholarship
1106 N 30th St
Billings, MT 59101

Part IV: Academic Achievements

Please list honors, grants, and special projects

Volunteer Activities

Please list any special circumstances you think the committee should consider (i.e. childcare, helping family, exceptional medical expenses, etc.)

Part V: Financial Information

Please list all scholarships you have **received** in the past for Medical School.

Scholarship	Amount

Please list all scholarships you have **applied for** or **expect** to receive this year.

Scholarship	Amount

Loans	Amount

What is your current educational debt? \$

Do your parents or other family members assist with your education expenses? Yes No
If yes, please fill out section immediately below.

Parental/Relative Financial Contribution	Room/Board	Other
Tuition	\$	\$
\$		