



Thomas R. Johnson, M.D. Medical Scholarship

Eligibility to Apply

1. Applicant must be a Montana High School Graduate.
2. Applicant must be entering a minimum of their second semester sophomore year of medical school.
3. Applicant must show proof of enrollment in medical school or in an orthopedic or family practice residency/fellowship for the upcoming year following scholarship application.

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 for medical school applicants will be sent directly to the university that the applicant attends. Funds for resident and fellows will be sent directly to the applicant.
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.
4. ___ Include W9 Form

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
Hometown		Social Security Number

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

Part III: Experience		
List below the professional employment you have held starting with the most recent.		
Institution	Dates	Nature of Duties

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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please fill out the section immediately below. Parental/Relative Financial Contribution		
Tuition	Room/Board	Other
\$	\$	\$

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