



Indiana University Health

IU Health Ball Memorial Hospital

IU Health Blackford Hospital

IU Health Jay Hospital

**2018 APPLICATION FOR
RUTHANNA CUMMINS SCHOLARSHIP**

Name _____

Home Address _____

Parents or Legal Guardian's Name _____ Home Phone _____

High School _____ Graduation Date _____

School Address _____

Grade Point Average _____ Rank in Class _____

List of extracurricular activities: _____

Awards or honors received: _____

Community/Church Activities: _____

College or University you have been accepted to attend: _____

(Please attach copy of acceptance letter)



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Anticipated college major _____

Please state the financial need for this scholarship.

Please complete a brief essay explaining your interest in pursuing a degree in nursing.

(Please attach additional sheet if more space is needed.)

Student Signature _____ Date _____

Completed application must be submitted by May 04, 2018.

Send completed application and all supporting materials to:

**RC Scholarship Committee
Human Resources Department
IU Health Ball Memorial Hospital
2401 W. University Ave.
Muncie, IN 47303**

If you have questions, please call: Kimberly Sturgeon, HR Assistant
765-747-3007, option 8