Healing Emotional Damages®

P.O. BOX 1245 LATHROP CA, 95330 | (209) 740-8570 | HEDCONFERENCE.COM

Dear Scholarship Recipient,

On behalf of our Yolanda Johnson Scholarship Committee, it is our pleasure to welcome you to the Medical and Nursing Scholarship Program. Congratulations on being selected to participate in a program that recognizes academic achievement, dedication, and a commitment to serving others through healthcare.

In honoring Mrs. Mia Washington Our Yolanda Johnson scholarship program has a proud history of supporting aspiring healthcare professionals as they pursue careers in nursing, medicine, and related healthcare fields. We are honored to invest in students who demonstrate excellence, compassion, leadership, and a desire to make a positive impact in their communities.

As a scholarship recipient, you join a distinguished group of students who are committed to improving the health and well-being of others. We encourage you to take full advantage of the opportunities available through this program, including networking, mentorship, professional development, and community engagement.

We recognize the hard work, perseverance, and sacrifice required to pursue a healthcare career. This scholarship is intended not only to provide financial assistance but also to serve as a reminder that your community believes in your potential and is cheering for your success.

We look forward to following your educational journey and celebrating your accomplishments along the way. May this scholarship help you achieve your goals and inspire you to continue making a difference in the lives of others.

Congratulations once again, and welcome to the Yolanda Johnson honoring Mrs. Mia Washington Medical and Nursing Scholarship Program.

Sincerely,

Deborah Sullivan
Scholarship Committee Chair

The Yoland's Johnson Scholarship Committee

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The Yolanda Johnson Scholarship program over the years has given out scholarships award amount of $500.00.

Enclosed are scholarship applications for the 2026 school year. We ask that you make these applications available to all nursing students.

Applicants must have the following:

1. 2.5 GPA or higher
2. Two (2) completed Scholarship Recommendation Forms
3. Completed Scholarship Application
4. Official Transcript
5. Written essay of 300 words

Applications must be submitted by mail by **October 30th 2026 The Yolanda Johnson Scholarship Program P.O. Box 1245 Lathrop, CA 95330**

Any questions should be referred to ***Deborah Sullivan*** 209-568-3643

Sincerely,

Scholarship Committee

The Yolanda Johnson's

SCHOLARSHIP APPLICATION

STATEMENT OF EDUCATIONAL PURPOSE (Required)

Directions:

Attach a typewritten autobiographical essay that includes your short and long term education and occupational goals. Include your name and school.

For your application to be considered complete, you MUST include the following:

Scholarship Application
Official Transcript
Statement of Educational Purpose
Two (2) Scholarship Recommendation Forms
Applicant's Signature

I hereby certify that the information presented on this application is accurate to the best of my knowledge. I authorize the release of my transcripts and application as be required for the purpose of considering me for a scholarship award. I understand that whatever information is submitted to **THE YOLANDA JOHNSON's SCHOLARSHIP COMMITTEE** will be held in confidence and will be used solely for the purposes of scholarship selection. In the event I am chosen as a recipient, I authorize the release of information to the donor for publicity purposes.

_____ _____

Applicant's Signature Date

Parents/Guardian Information:

Name: _____E- Mail: _____

Address: _____Phone: _____

City: _____ State:

_____

Completed **application** and **recommendation** forms must be received with post marked by 11:59 p.m. October 30, 2026

Mail To:
P.O. Box 1245
Lathrop, CA 95330

Or email to: revrjohnson@gmail.com

Please refer questions to ***Deborah Sullivan 209-568-3643***

NOTE: DUE TO THE HIGH VOLUME OF APPLICATIONS RECEIVED ONLY THOSE STUDENTS AWARDED SCHOLARSHIOPS WILL BE NOTIFIED.

Yolanda Johnson's

SCHOLARSHIP APPLICATION

Print or type application.

Medical School _____

Official GPA _____Date: _____

(Attach copy of transcript)

Name: _____

Permanent Mailing Address: _____

E Mail: _____

Sex: ___Male ___Female Phone:_____

Ethnicity: _____ Date of Birth: _____

Career Goals:

_____

_____

Colleges you have applied to: Accepted

_____Y___N___Pending___

_____Y___N___Pending___

_____Y___N___Pending___

Academic degree objective (check all that apply): Associates ___ Bachelors_ _Masters_____

List activities in Student Affairs:

_____

List Community Involvement:

_____

_____

List Athletic Involvement:

_____

_____

List Awards and Honors:

_____

_____

Yolanda Johnson's
SCHOLARSHIP RECOMMENDATION FORM

Name of Student: _____

How long have you known the applicant? _____

On what do you base your recommendation of the applicant? (Please check)

_____ Personal acquaintances _____ School records

_____ Reports of instructors _____ Other

Explain:_____
_____
_____

Please give your personal appraisal of the applicant:

	Outstanding	Excellent	Good	Average
Academic Performance	____	_____	____	_____
Motivation	____	_____	____	_____
Creative Ability	____	____	____	_____
Leadership	_____	_____	____	_____
Potential for College Success	_____	_____	_____	_____

Please comment any exceptional scholastic abilities and/or other accomplishments exhibited by the applicant. (Attach additional sheet of necessary):

_____
_____
_____
_____
_____

Signature_____ Title _____ Date _____

School _____ City _____ State_____

The completed recommendation is to be returned to:

Mail to: Yolanda Johnson's Scholarship Committee P.O. Box 1245 Lathrop CA, 95330
DEADLINE: POSTMARKED BY October 30, 2026

Or email completed recommendation forms by 11:59pm October 30, 2026 to:

The Yolanda Johnson's Committee
SCHOLARSHIP RECOMMENDATION FORM

Name of Student: _____

How long have you known the applicant? _____

On what do you base your recommendation of the applicant? (Please check)

_____ Personal acquaintances _____ School records

_____ Reports of instructors _____ Other

Explain:_____
_____
_____

Please give your personal appraisal of the applicant:

	Outstanding	Excellent	Good	Average
Academic performance	____	_____	____	_____
Motivation	____	_____	____	_____
Creative Ability	____	____	____	_____
Leadership	_____	_____	____	_____
Potential for College Success	_____	_____	_____	_____

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_____
_____
_____
_____
_____

Signature_____ Title _____ Date _____

School _____ City _____ State_____

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