

Application Form

DR. CECIL and MRS. GLADYS JOHNSON MEMORIAL SCHOLARSHIP 2010

DO NOT WRITE your name, address or the name of any family member on this sheet or sheet -2- .
If any such information is revealed on page one or two you will be disqualified.

Application Number: _____ Date Of Birth: _____
(Note: Foundation office will assign Application Number #)

Check Your College-University classification for the Fall of 2010:

___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate

GPA: _____

If some College completed - cumulative GPA: _____

Number of College hours completed: _____

SAT - Critical Reading _____ **Math** _____ **Writing** _____ **Total** _____

ACT - Reading _____ **Math** _____ **Writing** _____ **Composite** _____

Please check appropriate box:

- National Honor Society
- Honor Roll
- Dean's List

Anticipated Scholarships:

Are you a 21st Century Scholar?

_____ \$ Awarded _____

College-University you plan to attend in the Fall 2010: _____

Is or will your field of study be medical or nursing? Yes _____ No _____

Major Field of Study:

Please write a brief detailed paragraph about your Field of Study and Career Goal:

Income and Asset Data for 2009

(The information contained in this questionnaire is confidential)

Please attach Pages 1 & 2 of your parents' 2009 Federal Tax Return

Please use actual income information which would be used on your parents' **2009 1040 Form**.

Adjusted gross income (2009).....\$ _____

Income earned from work by Father (2009).....\$ _____

Income earned from work by Mother (2009).....\$ _____

*Please include both your parent's incomes even if they are divorced or separated and financially supporting you.

Additional Information

Your parents' current marital status:

Single Married Separated Divorced Widowed

Total number of family members who will be attending College in 2010, including applicant: _____

Application Number: _____
(Note: Foundation office will assign Application Number #)

Name: _____

Address: _____

(Street) (City) (State) (Zip Code)

Name of High School / College: _____

Address: _____

(City) (State)

Phone Number:(H) _____

(C) _____

Father's Name: _____

Address: _____

(Street) (City) (State) (Zip Code)

Occupation: _____

Mother's Name: _____

Address: _____

(State) (City) (State) (Zip Code)
Code)

Occupation: _____

I certify that I will NOT be **22 years of age** on or before **10-01-2010**. I am a resident of **Jasper** County or **Newton** County, Indiana.

In order to receive this scholarship, I understand I must be considered a full time student with at **least 12 credit hours**.

Signature

Application should be mailed to:

**Jasper Foundation
P.O. Box 295
Rensselaer, IN 47978**

Application Information

**Dr. Cecil and Gladys Johnson
Memorial Scholarship
Spring, 2010**

- High school seniors and College students planning to attend college in the Fall are eligible to apply for this scholarship.
- High school Seniors **MUST** attach **H.S. Transcripts**.
- College students **MUST** attach most recent **Grade Report**.
- All students **MUST** attach **Pages 1 & 2 of your Parents' Federal Tax Return for 2009**.
- Scholarships are for graduates of Jasper and Newton Counties who are planning careers in the **Medical** or **Medical Related Fields**.
- Candidates will be chosen on the basis of financial need and scholastic aptitude.

For consideration, all applicants need to complete and return this Application **(typed or print legibly in BLACK INK only)** to the:

**Jasper Foundation
P.O. Box 295
Rensselaer, IN 47978**

Application Due in the Foundation Office by:

Thursday, March 11, 2010 by Noon, 12:00 p.m. C.D.T.

NOTE: The Jasper Foundation is NOT responsible for misdirected Applications not received in our office.