

Application Information

**Dr. Cecil and Gladys Johnson
Memorial Scholarship
Spring, 2012
Typed only**

- 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 2011**.
- 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 only**) to the:

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

Application Due in the Foundation Office by:

Tuesday, March 13, 2012 by Noon, 12:00 p.m. C.D.T.

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

Application Form

DR. CECIL and MRS. GLADYS JOHNSON MEMORIAL SCHOLARSHIP 2012

Typed Only

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 2012:

___ 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 2012: _____

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

Major Field of Study:

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

Income and Asset Data for 2011

(The information contained in this questionnaire is confidential)

Please attach Pages 1 & 2 of your parents' 2011 Federal Tax Return

Please use actual income information which would be used on your parents' **2011 1040 Form**.

Adjusted gross income (2011).....\$ _____

Income earned from work by Father (2011).....\$ _____

Income earned from work by Mother (2011).....\$ _____

*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 2012, 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 **10-01-2012**. 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