

# THE BETH JOHNSON MEMORIAL SCHOLARSHIP FOUNDATION

## APPLICATION FORM and STATEMENT of REQUIRED FACTS for 2010-2011 ACADEMIC YEAR

**IMPORTANT:** Before preparing this Application, it is recommended that the procedures outlined on Instruction Sheets be studied and then completely executed. Typewritten applications and letters are preferred. All enclosures shall be on standard 8 1/2" x 11" paper. (Transcripts and College Testing Scores accepted). All information submitted with this Application will be used solely for the purpose of determining the applicant's eligibility to receive THE BETH JOHNSON SCHOLARSHIP AWARD. This is an equal opportunity award. Race, creed, sex, or national origin, are not considered and no place in this applicant asked to reveal these facts.

Name of Applicant: \_\_\_\_\_  
Social Security No. \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
Street, Route or Box No. \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Schools Attended (9th through 12th grades):

School Name: \_\_\_\_\_  
City/State \_\_\_\_\_

If you attended more than one High School, please list same information for each in this space:

Date will graduate: \_\_\_\_\_ Number in Class: \_\_\_\_\_ Rank in  
Class: \_\_\_\_\_

Father: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Parents marital status: Mother: married \_\_\_\_\_ widowed \_\_\_\_\_ divorced \_\_\_\_\_ remarried \_\_\_\_\_

Father:  
married \_\_\_\_\_ widowed \_\_\_\_\_ divorced \_\_\_\_\_ remarried \_\_\_\_\_

*I hereby give my permission to use the information, including Grades and Test Scores, to those parties designated by the BETH JOHNSON MEMORIAL SCHOLARSHIP FOUNDATION for the purpose of determining my eligibility to receive a Scholarship Award.*

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_  
**SCHOLASTIC**

Honor and Awards (state year and nature of honor or award): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Offices and positions of Leadership (state name of organization, position and year): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Member of Organization (where no office was held) (state name of organization and year, thus:  
Band 2,3,. State only major activities): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXTRA CURRICULAR (School Related)**

Honors and Awards (state year and nature of honor or award): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Offices and positions of Leadership (state name of organization and year, thus: Drama 2,3.  
State only major  
activities): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CIVIC (Non-School Related)**

Honors and Awards (state year and nature of honor or award): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Offices and positions of Leadership (state name or organization, position and year): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Member of Organization (where no office was held - state name of organization and year, thus: Scouting, 4-H, etc. State only major activities):\_\_\_\_\_

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State your plans for enrollment in a regionally accredited American College or University:\_\_\_\_\_

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Have you been granted scholarship aid?\_\_\_\_\_ If yes, give details:\_\_\_\_\_

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Do you intend to apply for financial aid at the college(s) you plan to attend? If yes, give details:

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Any additional data to show financial need and general worthiness. Be specific in this:\_\_\_\_\_

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The following Statement to be filled by applicants who are still members of their basic family unit. The following financial statement will be used to determine financial need of the applicant. All figures should be your most accurate estimate for the academic year for which aid is requested.

**College or University of my choice:** \_\_\_\_\_

**Anticipated cost per semester at this institution:**

- Tuition \_\_\_\_\_
- Housing and Food \_\_\_\_\_
- Transportation, if planning to reside at home and commute \_\_\_\_\_

**Parents' Statement of Financial Need:**

- Anticipated Net Income of both parents..... \_\_\_\_\_
- Number of family members residing in the home..... \_\_\_\_\_
- Number of children under school age..... \_\_\_\_\_
- Number of children Kindergarten through 12th Grade..... \_\_\_\_\_
- Number of family members that will be attending college.\*..... \_\_\_\_\_  
(*\* may include parent*)
- Do you own your home? \_\_\_\_\_ Unpaid Mortgage..... \_\_\_\_\_  
Interest, annual..... \_\_\_\_\_  
Insurance, annual..... \_\_\_\_\_  
Utilities, annual..... \_\_\_\_\_
- Do you rent your home? \_\_\_\_\_ Amount of rent, annual.. \_\_\_\_\_  
Utilities, etc., annual..... \_\_\_\_\_
- Do you own a Farm or Business \_\_\_\_\_ If yes, what is net worth \_\_\_\_\_
- Value of savings, bank accounts, other investments..... \_\_\_\_\_
- How much financial support do you expect to be able to contribute to this applicant? Per semester amount..... \_\_\_\_\_

*The above statement is an accurate estimate of my/our financial status for the academic year.*

Date\_\_\_\_\_Father's signature:\_\_\_\_\_

Mother's signature:\_\_\_\_\_

**Statement of applicant's anticipated contribution to his/her educational funds.**

• Savings:\_\_\_\_\_

• Do you plan to be employed while attending  
College?\_\_\_\_\_

If yes, what do you expect your earning to be, per semester?\_\_\_\_\_

• Have you received or do you expect to receive other scholarships?\_\_\_\_\_

If yes, in what amount and from whom?\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_