



# Johnson County Scholarship Application

Application deadlines: Fall semester–August 1<sup>st</sup>, Spring semester–December 1<sup>st</sup>

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Years as Johnson County Resident \_\_\_\_\_

Employment:  Full Time  Part-Time  Unemployed Marital Status:  Married  Single  Single Parent

High School or College last attended: \_\_\_\_\_ Date of High School Graduation or HSEC: \_\_\_\_\_

Semeseter enrolled: \_\_\_\_\_ Current GPA \_\_\_\_\_

Educational Goal: \_\_\_\_\_ Number of Credits enrolled: \_\_\_\_\_

Courses enrolled and Campus location(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please explain your financial need (*Attach additional pages if necessary*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you eligible for Hathaway?  Yes  No Amount: \_\_\_\_\_

Other Financial Aid sources and amounts (*Attach additional pages if necessary*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Civic, Community and/or School Activities (*Attach additional pages if necessary*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I believe the information furnished is correct and complete. I hereby give consent to have my grades or financial information released to the scholarship committee. My name and photograph can be released to the media. I further state my intention to successfully complete all requirements for the class(es) associated with this scholarship application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_