Dr. Michael Johnson ITED Scholarship

PURPOSE

In cooperation with the Education Foundation of Kenosha, Dr. Michael Johnson is sponsoring a $390, one-time, scholarship to provide financial assistance to a Kenosha Unified School District TAP/ITED graduate. This scholarship may be used only at an accredited institution of higher education located in the United States of America.

ELIGIBILITY

Eligibility requires successful completion of ITED.

FINANCIAL DATA

The scholarship award amount is $390. The award is to be used for tuition, fees, and college residential costs, and will be issued to the college or university at which the recipient is enrolled.

APPLICATION PROCEDURE

Applications may be obtained from Kenosha Unified high school guidance offices. Completed applications must be submitted by March 15th.
Dr. Michael Johnson ITED Scholarship Application

Date of Application ___________________  Graduation Date ___________________

I. PERSONAL INFORMATION:
Name ___________________  Date of Birth ___________________
Address ___________________  Telephone ___________________
_________________________________  Email ___________________
Father’s Name ___________________  Mother’s Name ___________________
Occupation ___________________  Occupation ___________________
Employer ___________________  Employer ___________________
Number of Dependent Children in Family _____
Number of Dependent Children in College/Technical School _____

II. EDUCATION INFORMATION:
High School Attended ___________________  GPA ______ Class Rank ______
List below colleges to which you have applied. In the space at the right, indicate if you have been accepted.
Name of College  City  State  Accepted
________________________________________________________________________
________________________________________________________________________
Planned Major: _______________________
School Achievements/Activities (Attach information):
Volunteerism/Community Service (Attach information):

III. FINANCIAL INFORMATION
Explain how financial assistance will help you to continue your education:
________________________________________________________________________
________________________________________________________________________

IV. REFERENCES:
List three references
Name  Relationship  Phone
________________________________________________________________________
________________________________________________________________________

V. OTHER INFORMATION:
1. Attach a current copy of your high school transcript.
2. Attach a one-page (200 words or less) explanation of your future plans and goals.
3. Return application by March 15th to:

   Education Foundation of Kenosha
   Attention: Stacy Busby
   3600 52nd Street
   Kenosha, WI 53144
   Phone: 359-6172
   Fax: 359-7672