

## **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 15<sup>th</sup>.

# 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 15<sup>th</sup> to:

**Education Foundation of Kenosha**  
**Attention: Dr. Robert Wells**  
**3600 52<sup>nd</sup> Street**  
**Kenosha, WI 53144**  
**Phone: 359-6388**  
**Fax: 359-7712**