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.

<table>
<thead>
<tr>
<th>Name of College</th>
<th>City</th>
<th>State</th>
<th>Accepted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: Dr. Robert Wells
3600 52nd Street
Kenosha, WI 53144
Phone: 359-6388
Fax: 359-7712