**KYLE JOHNSON MEMORIAL SCHOLARSHIP**

**Name**

**Address**

**Telephone**

**Name(s) of Parent/Guardian**

**Name of college/university/trade school you plan to attend**

**Intended Major/Field of Study**

**GPA (end of 7th semester)** **ACT/SAT Test Score**

**On a separate sheet of paper, please list the information requested. Be brief and specific.**

1. **List any school organizations to which you have belonged or now belong and indicate your role in each, and the years you served in each role.**
2. **List your academic achievements and athletic participation and any awards or honors received.**
3. **List your extra-curricular, volunteer, church or community activities and any awards or honors received.**
4. **List your work experiences and the dates you were employed.**
5. **Describe a time when you helped a friend through a difficult situation and/or a time when someone’s friendship has made a difference in your life.**

***Please include a letter of recommendation from a teacher, pastor, work supervisor or community leader.***

***Please also include a copy of your high school transcript.***

**Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**