



# THE EDNA JOHNSON MEMORIAL SCHOLARSHIP FUND APPLICATION (Deadline: July 31, 2020)

FULL LEGAL NAME:			SSN #:
Last Name	First Name	Middle	

PERMANENT ADDRESS:

EMAIL ADDRESS:

HOME PHONE NUMBER:	SEX: MALE      FEMALE	DATE OF BIRTH:
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ENROLLED PROGRAM:	<b>I WISH TO BE CONSIDERED FOR THE FOLLOWING SCHOLARSHIP:</b>  BSN NEED-BASED <input type="checkbox"/> BSN MERIT-BASED <input type="checkbox"/>	<div style="border: 1px solid red; padding: 5px; background-color: #f0f0f0;"><b>FOR OFFICE USE ONLY</b></div> EFC VERIFICATION:
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GPA VERIFICATION:
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**EXTRA CURRICULAR ACTIVITIES**  
*Include school and community activities and honors.*

MONTH/YEAR TO	MONTH/YEAR	DESCRIPTION OF ACTIVITIES

**WORK EXPERIENCE***Include present and previous employment.*

MONTH/YEAR TO	MONTH/YEAR	DESCRIPTION OF ACTIVITIES

**Personal Statement**

Please attach a 200 to 750 word autobiographical essay in which you discuss your career goals and interests, significant experiences, community involvement, and the qualities of character and leadership important to achieving your goals. Highlight those personal accomplishments, achievements, and experiences that have given you considerable satisfaction and have helped to form your character. Be sure to comment on your aspirations in terms of your educational and career goals. Finally, explain the difference receiving a scholarship would mean in your life. Personal statements are used by the scholarship committee or donor family members to select scholarship recipients. Be sure to put your name on the personal statement.

**Supporting Documents**

Include with this application, two letters of recommendation and one official transcript.

**Certification – To be signed By All Applicants**

I have read and understand the enclosed information. I affirm that the information which I have provided on this application form and any additional material that I submit related to the financial aid process is complete, accurate, and true to the best of my knowledge. Pursuant to the Family Educational Rights and Privacy Act of 1974, I hereby authorize the American University of Health Sciences (AUHS) to release the scholarship application information provided by me, as well as other official and unofficial AUHS information regarding my academic progress and status, to scholarship donors for the purpose of providing the donors with information concerning my eligibility as a scholarship recipient.

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Applicant's Signature

\_\_\_\_\_  
Date