FERN M. JOHNSON NURSING SCHOLARSHIP

Application

A. Personal Information

1. Name: _____ Age: _____ Sex: _____
2. Mailing address: _____
3. Permanent address: _____
4. Phone Number: _____ E-mail: _____
5. Present occupation: _____
6. Name, address, and telephone of employer: _____

   _____
7. Marital status: _____ Name of spouse: _____
8. Occupation of spouse: _____
9. Name and address of employer of your spouse: _____

   _____
10. Number of children: _____ Other dependents: _____
11. Name and address of parents or guardian: _____

    _____

B. Goals in Education

1. What school do you plan to attend? _____
2. Have you been accepted? _____
3. What is your planned course of study? _____
4. What degree will you work toward? _____
5. When will the school year begin? (Month / Year) _____
6. Will you attend full or part-time? _____
7. When do you hope to complete your studies?_____
8. What are your future employment goals? _____

C. Educational Background *(attach additional pages if necessary)*

1. High School - Name and location: _____

   _____

   Years attended: _____ Date graduated: _____ Rank in class: _____

   Number in class: _____ Grade point average based on 4.0 system: ____

2. College or Professional school *(if more information than one, attach information)*

   Name and location: _____

   _____

   Years attending: _____ Date graduated: _____

   Degree: _____Major: _____

   Overall grade point based on 4.0 system: _____

Rank in class: _____ Number in class: _____

3. Additional education: _____

_____

4. Major activities and honors: _____

_____

_____

D. Volunteer Activities *(list past and present)*

Dates	Name and Location	Activities

E. Employment Record *(list present and former employers)*

Dates	Name, Address and Telephone	Position

F. School Expenses

1. List below the annual school expenses at the school you will attend:

Tuition and fees for next year	$_____
Room and board for next year	$_____
Books and supplies	$_____
Miscellaneous and personal expenses	$_____
Total expenses for next year	$_____

2. List below how you expect to finance your next year of school:

From personal savings	$_____
Saved from present until school term	$_____
From family contribution	$_____
From loans	$_____
From financial aid	$_____
From employment while attending school	$_____
From employment of spouse	$_____
From other sources (specify the source)	$_____
Total financing (should equal total in 1)	$_____

3. Have you applied for financial aid from any other sources? _____

If yes, list sources: _____

_____

4. Describe any special circumstances concerning your need for aid: _____

_____

_____

G. Additional Information

1. Please list three people we can contact for references: *(Name, address*, and telephone)
2. Please include an official transcript from the school you are currently attending or most recently attended (H.S., College or Tech Schools). The transcript may be attached to your application or sent by the school directly to the committee at the address below.

Please sign below and return this application with all required correspondence to:
Community Foundation of Central Wisconsin by **March 1st**. **Late applications will not be accepted.**

I certify that all information on this form is true to the best of my knowledge. I understand that all decisions made are final and not subject to review or appeal. I further understand that any information provided in this form may be shared with committee members of the sponsoring scholarship.

_____

Student Signature **(Parent Signature if student is under 18)** **Date**

Questions and Application Materials should be directed to:

COMMUNITY FOUNDATION OF CENTRAL WISCONSIN
1501 CLARK STREET, STEVENS POINT, WI 54481
PHONE: 715.342.4454 EMAIL: foundation@cfcwi.org FAX: 715.342.5560

Revised 12/08

Thank you, and good luck!