



**JUNIOR LEAGUE OF JOHNSON CITY  
ACADEMIC SCHOLARSHIP APPLICATION**

**Applicant Name:**

First: \_\_\_\_\_ Last: \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County (must reside in Washington, Carter, or Unicoi):  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**School Information:**

School currently attending: \_\_\_\_\_

Street address:  
\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Cumulative Grade Point Average (4 point scale): \_\_\_\_\_

ACT/SAT Score (if none, please indicate N/A): \_\_\_\_\_

First generation college student? (Yes/No): \_\_\_\_\_

**College Application(s) completed:**

(\*Must be planning to attend a **local 4-year college/university**- King University, East Tennessee State University, Tusculum College, Milligan College, Kingsport Higher Education Center\*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Institution of Application Acceptance (If received. Please include dates):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Information:**

First: \_\_\_\_\_ Last: \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Record of Community Activities:**

Please attach a resume containing volunteer activities, jobs, clubs, bands, teams or athletics, and other extracurricular activities, including the year(s) of participation, since your freshman year of high school

**Personal Statement**

Please attach a personal statement describing yourself and your education goals. In your statement, please also answer the question: If you could change anything about your community, what would it be and how?

Please limit your response to 500 words or less.

**Other important information:**

\*Please attach a high school transcript, including the fall of 2018

\*Please attach a letter of recommendation from a school official, administrator, or teacher

*I affirm that the information in this application is true and complete to the best of my knowledge. I consent to the verification of information contained in my application. I understand that if selected, the scholarship award will be sent directly to my college institution for deposit into my student account to be applied to tuition, books, or room and board. I understand if I am selected I will need to provide all information required for payment including school name, payment address, and student number to the Junior League of Johnson City by July 31, 2019; otherwise I will forfeit the scholarship. I hereby agree to these terms.*

Print: \_\_\_\_\_ Sign: \_\_\_\_\_

Date: \_\_\_\_\_

**Scholarship Application Deadline: March 1, 2019.**

**Scholarship recipients to be announced May 1, 2019. Scholarship will be awarded formally at the Junior League of Johnson City’s May Dinner meeting, date TBA.**

**Recipients will be assigned a mentor(s) in the JLJC for the duration of their freshman year of college. Recipients will be asked to send an updated of their first year experience to be presented by the Community Council at the April 2020 General membership meeting of the JLJC.**