F. JUANITA JOHNSON MEMORIAL SCHOLARSHIP

The F. Juanita Johnson Memorial Scholarship was established to provide scholarship assistance to adult re-entry students. Each year the Arizona State University Scholarship Office will award up to $5000 in scholarship assistance to eligible students. Additional funding may be available on an annual basis.

Eligibility Criteria and Application Process for Incoming Students:

Criteria:
- Be an adult re-entry student, returning to college after a five year absence or more and working toward your first degree.
- Have a previous 2.5 GPA or higher (attach a copy of your transcript that includes grades from your most recently completed semester and cumulative GPA).
- Be admitted and enrolled as an undergraduate full time student (12 credit hours per semester) at any ASU campus seeking a degree in any major.
- Have a demonstrated financial need based on the completion of the FAFSA application and eligible to receive Title IV aid. Preferred filing for the FAFSA - March 1.
- Be eligible for in-state tuition.

Application Process:
- Provide a personal statement (1-2 pages) to include leadership and community service activities. Describe the impact of being a returning student, the challenges of combining family, work and school, and situations that may make it difficult for you to contribute to the cost of your education.
- Provide at least one letter of recommendation substantiating leadership and community service activities.

Eligibility Criteria and Application Process for Scholarship Renewal:

Criteria:
- Maintain a 2.5 GPA or higher.
- Have a demonstrated financial need based on the completion of the FAFSA application and eligible to receive Title IV aid. Preferred filing for the FAFSA - March 1.
- Maintain a full time enrollment.

Application Process:
- Provide a letter requesting renewal of the scholarship (the scholarship will be renewable based on funding availability).
F. Juanita Johnson Memorial Scholarship Application Form

Name ____________________________________________________________

Last     First     MI

ASU or Affiliate ID# ________________________________

Current Address: __________________________________________________________

City ___________________ State _________ Zip code ________________

E-mail Address ___________________________ Telephone # ______________

Have you completed the FAFSA application?  Yes _____  No _____

Academic Level:  Freshman  Sophomore  Junior  Senior

Number of Credit Hours Planned for 2010-2011 academic year:  Fall ____ Spring ____

When did you graduate from high school? ________________________________

Are you currently an ASU student? ______________

What is your cumulative GPA? ___________

Anticipated Graduation Date for Current Degree (month/year) ______________

COLLEGE CONTINUING OR TRANSFER APPLICANTS ONLY

Colleges Attended (other than ASU): Please indicate number of years attended.

________________________________________________________________________

Name

________________________________________________________________________

Name
ALL APPLICANTS
CONSENT TO RELEASE RECORDS

Among other rights afforded to me under Federal Legislation commonly known as “The 1974 Family Educational Rights and Privacy Act,” as amended, I understand that I have the right to specify the name of each and every individual to whom my records are released.

I further understand that I may waive my right to specify the name of each scholarship donor or scholarship committee to whom my records are released as long as such records are used only in connection with the ASU Student Financial Assistance, Scholarship Office. I hereby authorize the ASU Student Financial Assistance, Scholarship Office to gather and release all records maintained by the office concerning me. Such records may contain the following:
   a. A copy of my unofficial transcript.
   b. Letters of recommendation bearing specifically on my application for scholarship.
   c. Other documents and information relating to my academic performance.
   d. Documents and information relating to my financial status.

I certify that the information throughout this application is accurate and that is representation of any facts or details could result in ineligibility for any scholarships/awards.

Print Name  ______________________________________
Signature     ______________________________________ Date _____________

The application and all required attachments must be submitted by 5:00 PM on March 1, 2010 to:

ASU Scholarship Office
PO Box 870412
Tempe, AZ 85287

Award recipients will be notified in writing by the ASU Scholarship Office by May 1 for the upcoming academic year.

For questions regarding this scholarship, please contact the ASU Scholarship Office at 480-965-4845 or e-mail scholarships@asu.edu.