



## Faculty and Staff Scholarship Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Student ID: \_\_\_\_\_

Enrollment type:  New  Transfer  Continuing      Program of study: \_\_\_\_\_

Name of Johnson employee to whom you are related: \_\_\_\_\_  
 Faculty       Staff

Relationship to Johnson employee:       Self       Spouse       Dependent

Johnson employee's beginning date of employment: \_\_\_\_\_

Anticipated Credit hours per term: \_\_\_\_\_ Fall      \_\_\_\_\_ Spring      \_\_\_\_\_ Summer

### CRITERIA FOR SCHOLARSHIP

The criteria for the faculty and staff scholarships are outlined in their respective employee handbooks.

Signature of Johnson employee: \_\_\_\_\_ Date: \_\_\_\_\_

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### OFFICE USE ONLY

Beginning date of employment verified by: \_\_\_\_\_

Discount percentage: \_\_\_\_\_ Credits enrolled: \_\_\_\_\_ Fall      \_\_\_\_\_ Spring      \_\_\_\_\_ Summer

Scholarship amount: \_\_\_\_\_ Fall      \_\_\_\_\_ Spring      \_\_\_\_\_ Summer