



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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Beginning date of employment verified by: _____

Discount percentage: _____ Credits enrolled: _____ Fall _____ Spring _____ Summer

Scholarship amount: _____ Fall _____ Spring _____ Summer