

**LINDA JOHNSON MEMORIAL SCHOLARSHIP  
GRADUATING SENIOR APPLICATION for 2016-2017 FUNDS**

**DEADLINE: March 31, 2016**

Submit to: LJMS, PO Box 498, King Salmon, AK 99613 or jmyhand@lpsd.com

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

School: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home/Parent Phone: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_ Student Cell #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Number of years you attended school in Alaska: \_\_\_\_\_

Number of years you attended high school (9-12 grade) in the Lake and Peninsula School District: \_\_\_\_\_

Brothers and sisters and their ages: \_\_\_\_\_

Number of brothers and sisters currently attending college: \_\_\_\_\_

College or trade school you are planning to attend. Indicate whether applications for admission are complete and if you are presently accepted.

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

Planned major area of study in college or trade school. What will this scholarship be used for? Explain fully.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**Future vocational or career goals.  
How will this program help you in the future? Explain fully.**

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**List sources of expected financial assistance other than this scholarship:**

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**Community Activities:** \_\_\_\_\_

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**Offices held and positions of responsibility assumed in high school activities:**

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**Honors and Awards:** \_\_\_\_\_

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**Out-of-school employment (summer and after-school hours):**

Employer	Type of Work	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Are you willing to be interviewed by the scholarship committee?**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**List any other information that might be helpful for the committee.**

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**Applicant Signature:** \_\_\_\_\_

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