

Lapeer Community Foundation

**JACOB N. JOHNSON MEMORIAL**

**SCHOLARSHIP APPLICATION**

Jacob Johnson was a student at Lapeer East High School. He lost his life due to complications following a transplant. A gifted artist, Jacob was also the type of person who cared very deeply about the world around him and for people in need. He was a giant in character and remains an excellent example for those who knew him.

**Criteria:** Applicant must be a graduating senior of Lapeer High School residing in Lapeer County and accepted and planning to enroll in a post-secondary college, university or trade school. Preference will be given to a student who is a transplant patient, transplant donor, part of the immediate family of a transplant recipient, or facing a significant health challenge. Minimum cumulative GPA of 2.5 required for secondary studies. A personal interview may be requested by the scholarship selection committee.

*Instructions: Complete this fillable form, print, sign and date. It may be necessary to click on “Enable Editing” command on the top of the screen.*

**Personal Information:**

|  |  |  |
| --- | --- | --- |
| Last Name: | First name: | Middle Initial: |
| Address: | City / ZIP | Township: |
| County: | Date of Birth: | Student cell: |
| Student ID# | Student email: | Home phone: |
| Parents/Guardians: | | |
| Adjusted Gross Household Income: | # of Children in Household: | # of Children in College: |

**Student Experiences and Activities:**

|  |  |  |
| --- | --- | --- |
| High School Attended: | Graduation date: | Cumulative GPA: |
| Colleges or vocational schools attended (if any): | | |
| School activities/Leadership positions: | | |
| Community and Non-School activities: | | |
| Employment history: | | |
| Anticipated profession or area of vocational interest: | | |

**Colleges and/or vocational schools applied to and accepted in order of preference:**

|  |  |
| --- | --- |
|  | Anticipated costs for 1 year: |
| 1) |  |
| 2) |  |
| 3) |  |

**List of other scholarships, grants or financial aid applied for:**

Name Amount of award Awarded? Yes, No, Pending

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

**Student Essay Question:** Please address each of thefollowing: (a) What are your immediate and long-term goals? (b) People and events shape our lives. Name one person or event that has influenced your life and why. (c) How have you shown concern and provided service for the welfare of other students and the community?

*I, the undersigned, hereby acknowledge the information provided on this application is true and correct to the best of my knowledge.*

*Student applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Required Attachments**:

1. Current transcript showing credits earned and current GPA.

2. Copy of your SAT scores.

3. Copy of your current year FAFSA Student Aid Report (SAR). Please **only** submit the page that

shows the SAI (Student Aid Index).

4. A letter of recommendation (optional).

**Submission Instructions:**

1. **Please do not submit double sided copies or use staples.**
2. **Please submit an original signed application including all attachments along with six complete copies for a total of seven complete packets.**
3. **Please paperclip each complete packet.**
4. **Please mail all seven packets in one envelope to the committee and address listed below.**
5. **If you are applying for more than one scholarship through LCCF, please do not combine**

**different named scholarships in one envelope as they have different committees.**

Application must be postmarked NO LATER THAN **Friday,** **March 10, 2023.**

**Mail to:**

**Jacob N. Johnson Memorial Scholarship Committee**

**LCCF**

**235 W. Nepessing Street**

**Lapeer, MI 48446**

Questions may be directed to:

Nancy Boxey, Executive Director

Phone: 810 664-0691

Email: nboxey@lapeercountycf.org

