



JENNIFER LOUISE JOHNSON

1949-2019

Memorial Scholarship Tuition Grant

Application Form

Jennifer Louise Johnson Memorial Scholarship Grant

Application for the year: _____

Criteria for scholarship:

Up to \$5,000 grant to an individual or individuals who meet the following criteria:

Be a senior at St. Augustine's College entering grade 12 in August

- There must exist a financial need
- Be from a single parent household
- Have a minimum of a 3.0 cumulative high school GPA to date
- Be a citizen of The Bahamas

Part 1. Personal Information

Student's full name: _____
Last First Middle

Date of birth: _____ Age: _____

Current address: _____ P.O. Box: _____

City: _____ Country: _____

Country of birth: _____ Nationality: _____

Email Address: _____ Telephone: _____

Area of academic interest: _____

Part 2. Guardian Information

Guardian 1

Guardian 2

Name	Name
Nationality:	Nationality:
Relationship:	Relationship:
NIB #	NIB #
Employer:	Employer:
Title/position:	Title/position:
No. years employed:	No. years employed:
Email:	Email:
Cell:	Cell:
Work:	Work:
Residence: rental/own property	Residence: rental/own property

Part 3 Educational background

1. Please list schools previously attended, the years attended, and the grade

2. Have you ever repeated a grade? Yes _____ No _____

3. Have you ever been suspended or expelled? Yes _____ No _____

(If yes, please explain)

Part 4. Written tasks

1. Introduce yourself to the selection committee, stating your personality, hobbies and aspirations. (One page, essay format, font 12 point, typed)

2. List extracurricular activities in which you are involved. (One page, essay format, font 12 point, typed)

Part 5. Documents required for submission - these documents must be submitted with your completed application for consideration:

1. A copy of your current academic school transcript
2. Copy of the applicant's National Insurance card (NIB)
3. Copy of the applicant's passport or birth certificate
4. Documents for the two "Written tasks"(Part 4)
5. Attach your high school account statement from grade 10 to current.
6. Copy of applicant's Student high school identification
7. A copy of two government issued identification for each guardian

Part 6. Explain your financial need – can be submitted on a separate page if more space is needed. Include your account balance with St. Augustine's College.

Student Applicant's Statement and Signature

I certify that to the best of my knowledge all of the information I have provided is accurate and that the work submitted is my own.

APPLICANT'S SIGNATURE: _____

DATE: _____

Guardian's Statement and Signature

I/We have reviewed the information on this form and give permission for my/our child to proceed with the application procedures for this memorial scholarship grant. I authorize my child's school to release any information necessary for this application.

GUARDIAN #1 SIGNATURE: _____

DATE: _____

GUARDIAN #2 SIGNATURE: _____

DATE: _____