

**Ladies Auxiliary of the Knights of Peter Claver
Saint Veronica's Court #89**

Florida Johnson Scholarship Application Form

1. Name _____ **U.S. Citizen?** _____

2. Birthday _____ Sex: M () F ()

3. Home Address _____
(Street Address, Apt. Number)

(City, State, Zip Code)

4. Parent or Guardian Name _____

5. High School Attending _____
(Name, City, State)

6. College or University you will attend _____
(Name, City, State)

Have you applied? Yes () No () Have you been admitted? Yes () No ()

7. Planned field of study _____

8. High School GPA _____ Composite ACT score _____ Total SAT score _____

9. Scholastic awards or honors _____

10. Church/Community/Volunteer Activities _____

11. Extracurricular Activities _____

The above information is true to the best of my knowledge.

Signature of Applicant _____ Date _____

**Please include copies of ACT or SAT scores, Transcripts, college letter of admission, essay, and two letters of recommendation as attachments to application*

Pleaser email all documents as attachments to floridajohnsonscholarship18@gmail.com.