

**CLACKAMAS EMERGENCY SERVICES FOUNDATION'S ART JOHNSTON
MEMORIAL SCHOLARSHIP APPLICATION**

Directions: Please review the application in its entirety. Complete ALL SECTIONS of the application in order for the application to be considered. **Applications are due by May 7, 2021.**

A. PERSONAL DATA

Name of Applicant: _____ **Social Security Number:** _____

Permanent Address (Street/Box, City, State, Zip): _____

Cell phone: _____ **Email:** _____

Birthplace: _____ **Date of Birth:** _____

B. ELIGIBILITY

Indicate your eligibility to be considered for a scholarship.

Name of Employee to whom you are related _____ **Relationship** _____

Name of Volunteer to whom you are related _____ **Relationship** _____

Do you live in Clackamas County? Yes ___ **No** ___ **Address:** _____

C. EDUCATION PLANS

1. (Attach Curriculum Program)

2. **Date course(s) begin:** ___/___/___ 3. **Date course(s) end:** ___/___/___

3. **Name of college or university offering your course of study:** _____

4. **Year in College or University:** ___ Freshman ___ Sophomore ___ Junior ___ Senior

5. **Quarter** _____ **Semester** _____

D. ADDITIONAL INFORMATION

1. Explain why you want to take the course of study for which you seek a scholarship and how it relates to the mission of the Foundation. Be sure to describe how the training and knowledge will be useful to you and the community, particularly in achieving your employment goals and how it relates to the mission of the Foundation. This statement is carefully evaluated by the Scholarship Selection Committee, appointed as a sub-committee of the Board of Trustees. Please be specific. The quality of your response is significant (**use a separate sheet(s) of paper for your description**).

2. Include a list of school activities, plus any clubs, awards, or honors.

3. Include a list of community activities.

4. Provide a personal statement that describes you (one page).

5. Provide a transcript of grades from your high school.

E. EDUCATION AND EMPLOYMENT EXPERIENCE

1. High School Diploma (year): ___ Yes ___ No ___ GED Certificate; GPA _____

2. Additional education or training: _____

F. **EMPLOYMENT HISTORY**

Employer: _____ Address: _____

Duties: _____

Date Hired/Ended: _____ Telephone Number: _____

Employer: _____ Address: _____

Duties: _____

Date Hired/Ended: _____ Telephone Number: _____

G. **REFERENCES** (Please do not include relatives)

Name: _____ Address: _____ Phone: _____ Relationship _____

Name: _____ Address: _____ Phone: _____ Relationship _____

H. **EDUCATION BUDGET** (List the direct educational expenses and sources of funds you expect for the course(s):

EXPENSES	AMOUNT	SOURCE OF FUNDS	AMOUNT
Tuition	\$	Personal Earnings	\$
Fees	\$	Government Allowances	\$
Books & Supplies	\$	Other Scholarships	\$
Campus-related room	\$	Other Income (i.e. parents)	\$
Campus-related board	\$	Scholarships	\$
TOTAL EXPENSES	\$	TOTAL SOURCE OF FUNDS	\$
		State/Federal Student Loans	

I. **CONDITION OF AWARD**

Upon completion of the course of study for which the Foundation has approved a scholarship, the scholarship recipient must submit a copy of the certificate of completion or grade transcripts to the Foundation, on a university reporting period.

J. **STATEMENT OF CORRECTNESS, UNDERSTANDING AND AUTHORIZATION**

I hereby attest that the information contained in this application is true, correct, and complete and I understand the proceeds of the scholarship, if awarded, will be used to further my education in the program in which I have enrolled. The Foundation is hereby authorized to check the references, which I have listed above. I understand that in the event the scholarship is made; it may be applied directly toward the tuition, registration fees, books and campus-related or authorized room and board for the course of study.

INFRACTION PROVISION. Except in cases of special circumstance, should the eligibility and selection criteria not be maintained by the recipient, that person will be ineligible to apply to the Foundation for the next two (2) award periods from the date of the determination made by the Foundation. No additional funds will be advanced in the current quarter or program period; and to the extent possible, all unused funds will be recovered from the institution and returned to the Foundation. In addition, in the event a scholarship recipient is delinquent in submitting reports required by the scholarship (absent special circumstances), future awards to the applicant will be withheld until the delinquency is cured. If a student is unable to maintain a 2.5 GPA or does not complete the required course of study, the scholarship will convert to a loan.

Mail or fax completed application to Clackamas Emergency Services Foundation, 11300 SE Fuller Road, Milwaukie, Oregon 97222, Fax: 503-742-2800. They may also be emailed to cesfoundation1g@gmail.com.

Signature of Applicant: _____ Date: _____