

HENRY BAYARD JOHNSON AND GLADYS WESGAARD JOHNSON  
SCHOLARSHIP

Name \_\_\_\_\_

Email \_\_\_\_\_

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

Parent's Name \_\_\_\_\_  
[if you are a dependent student]

Name and location of the school you plan to attend or are attending:

\_\_\_\_\_

Type of program you plan to enroll in or are currently enrolled in:

\_\_\_\_\_

High School Cumulative GPA \_\_\_\_\_

Post-High School Cumulative GPA \_\_\_\_\_ (attach a transcript please)

Give a brief profile of yourself including your achievements and future plans as well as your reason for making this application. Also, please describe the person or persons who have had the greatest impact on your life and why. You may attach a separate sheet for this purpose.

Student Signature

\_\_\_\_\_

Return this application to the high school guidance counselor by April 15.