

**David L. & Imogene Garrett Johnston  
Memorial Scholarship Endowment  
Scholarship Application**

**Background:** The David L. & Imogene Garrett Johnston Memorial Scholarship Endowment was created to assist an ASU-Newport (Newport campus) student fulfill their educational goal of becoming a nurse. The scholarship is a one-time award that is awarded on an annual basis.

**Application Requirements:**

- Must be a Graduate of a Jackson County School
- Must be enrolled on the ASU – Newport Campus
- Must be enrolled in an ASU-Newport Nursing program
- Students must have a 2.0 cumulative high school grade point average
- Applicants must complete the current year's FAFSA. (ASUN School Code: 042034)

**Award Amount:** \$500.00 per semester

**Renewal Requirements:** The scholarship is a one-time award.

**Other Information:** Recipient is required to include a letter of thanks or thank you cards (2) addressed to the David L. & Imogene Garrett Johnson Memorial as acceptance of the scholarship

**Application Deadline:** Fall 2018: June 1, 2018

To apply, complete the following information and attach the essay, and send to:

**ASU-Newport Financial Aid Office  
Attention: Pam Smith  
7648 Victory Blvd. Newport, AR 72112**



ARKANSAS STATE UNIVERSITY - NEWPORT  
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# SCHOLARSHIP APPLICATION

## David L. & Imogene Garrett Johnston Memorial Scholarship Endowment Scholarship Application

Applicant Name \_\_\_\_\_

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

Street Address or P.O. Box

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_ / \_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ Married \_\_\_ Y \_\_\_ N

Number of Dependents \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

High School you graduated from \_\_\_\_\_ Year Graduated \_\_\_\_\_

High School GPA \_\_\_\_\_ ACT score \_\_\_\_\_

Received GED from \_\_\_\_\_ Year \_\_\_\_\_

I plan to enroll in approximately \_\_\_\_\_ hours per semester.

I plan to work \_\_\_\_\_ per semester and hope to earn approximately \_\_\_\_\_ per week.

If working, list employer \_\_\_\_\_.

Planned course of college study \_\_\_\_\_.

List other sources of financial aid expected to be received for the semester:

\_\_\_\_\_  
\_\_\_\_\_

List your community, church or volunteer activities or clubs:

\_\_\_\_\_  
\_\_\_\_\_

Date of Application \_\_\_/\_\_\_/\_\_\_

Signature \_\_\_\_\_

FINANCIAL AID OFFICE USE ONLY  
Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Award Amount: \_\_\_\_\_

Date Student was notified of the decision \_\_\_\_\_