

**Tyler B Johnston Memorial
Scholarship Application**

Awarded Scholarship Amount: \$1,000.00

Applicant's Name: _____ Nickname: _____

Address: _____

City, State, Zip Code: _____

Phone: (____) _____ Work/Cell/Alt. Phone: (____) _____

Preferred Contact: Phone Voice Mail: ____ Cell Text: ____ Email: ____ at: _____

Parents/Guardians Names: _____

Phone: (____) _____ Work/Cell/Alt. Phone: (____) _____

Phone: (____) _____ Work/Cell/Alt. Phone: (____) _____

Graduating High School: _____ Graduation Date: _____ GPA: ____/____

Planned College/Trade School: _____ Start Date: _____

Planned Field of Study:

Arts _____	Government _____	Technology _____
Business _____	Legal _____	Trade (Specify) _____
Education _____	Medical _____	Other (Specify) _____
Engineering _____	Retail _____	

Number of Years to Complete: 2 Years ____ 4 Years ____ 6 Years ____ 8 Years ____ Other ____

In Financing Your Higher Education, Estimate Your Annual Paid Expense Percentages From The Following Categories (Percentages Should Total 100%):

Loans _____%	Savings _____%	Work _____%
Parents _____%	Scholarships _____%	Other _____%

Estimated Cost for First Year at Planned Institution: \$ _____

References:

High School Teacher: _____ Subject: _____

High School Counselor: _____

Signatures:

Applicant: _____ Date: _____ Parent/Guardian: _____ Date: _____

Upon Scholarship acceptance, Recipient and Parents/Guardians agree to meet with Tyler B Johnston Scholarship Representative prior to starting date and transferring of scholarship funds.

Applicant, submit the following to High School Counselor:

- Completed Scholarship Application Form
- Essay. On a separate sheet, in 300 words or less, share how you selected your Field of Study and your anticipated goals.

Submit completed data to School Counselor by April 24,2026

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