

**CAROLYN B. JOHNSON SCHOLARSHIP APPLICATION**

**\$500 Scholarship Reward (split in half for the first year only)**

Applicant's name (first, middle, last) \_\_\_\_\_

Applicant's home address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Parent's names: Father \_\_\_\_\_

Mother \_\_\_\_\_

Name of High School: \_\_\_\_\_ High School GPA: \_\_\_\_\_

Name of college or school you plan to attend: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

Start Date of Semester 1: \_\_\_\_\_ Start Date of Semester 2: \_\_\_\_\_

What school/church activities are you involved in:

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What is your career goal: \_\_\_\_\_

On an attached typed written sheet, provide a one page statement of your faith, your relationship with the church, your view for God's will for your life, and how you relate to Carolyn B. Johnson's character. Return this form and statement to a team member.

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**CONTACT INFORMATION:**

Church Email: [ebenezerbaptistchurch3207@gmail.com](mailto:ebenezerbaptistchurch3207@gmail.com)

Scholarship Team: Tina Woolfolk (540) 226-9356 [tinawoolfolk67@gmail.com](mailto:tinawoolfolk67@gmail.com) and  
Deaconess Fannie Miranda (540) 455-0996 [fanniemiranda@yahoo.com](mailto:fanniemiranda@yahoo.com)