



## Lois Ann Johnson SCHOLARSHIP APPLICATION

The Lois Ann Johnson Scholarship is for individuals working towards (or currently in) a career in disabilities services. The scholarship will be awarded in the amount of \$750. The scholarship funds may be used for tuition or for expenses related to professional licensing in the administration of disability services, legal service, social work or advocacy of disability services.

(Please type)

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

\*\*\*\*\*

With whom do you live? (CIRCLE ONE)    Alone            With Parent(s)            With Spouse  
Other (Explain) \_\_\_\_\_

Are you a High School Student?    Yes            No

If "yes," what school do you attend? \_\_\_\_\_

Is your scholarship application being sponsored by an organization?    Yes            No

If "yes," what is the name of the organization? \_\_\_\_\_

**YOUR COMPLETED APPLICATION AND ENCLOSURES MUST BE RECEIVED NO LATER THAN  
FRIDAY, FEBRUARY 24, 2012, TO BE CONSIDERED. PLEASE MAIL TO:**

Scholarship Committee  
Wings Chapter, IAAP  
P.O. Box 4012  
Dayton, Ohio 45401-4012

**Wings Chapter, IAAP**

**Post Office Box 4012    ■    Dayton, Ohio 45401-4012    ■    [www.iaap-wings.org](http://www.iaap-wings.org)**

**EDUCATION:**

**High School Diploma** (CIRCLE ONE)

**Yes**

**No**

Date of Graduation \_\_\_\_\_ Grade Point Average \_\_\_\_\_  
(Minimum 3.0 required)

**GED** (CIRCLE ONE)

**Yes**

**No**

Date Earned \_\_\_\_\_

**College(s) (if applicable)** \_\_\_\_\_

Year(s) Completed (CIRCLE ONE) 1 2 3 4 Major \_\_\_\_\_

**Additional Training, i.e. trade school, seminars** \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Are you employed? (CIRCLE ONE) Yes No If yes, hours per week \_\_\_\_\_

Name of Employer \_\_\_\_\_

Position(s) held \_\_\_\_\_

Length of employment \_\_\_\_\_

**FINANCIAL NEED:**

Will you be receiving other financial assistance? If so,

From whom \_\_\_\_\_

Amount \_\_\_\_\_

Will you supplement your resources through employment? \_\_\_\_\_

**ACHIEVEMENTS:** (List any academic, civic, or employment certificates and awards.)

**COMMUNITY ACTIVITIES:** (List any church, school, or other volunteer activities.)

**STATEMENT OF REQUEST:**

Enclose a *typed* sheet of 50 to 100 words stating your reasons for requesting this scholarship. Include any facts that should be considered, particularly those that establish financial need.

**ESSAY:**

Compose a 300 to 500 word essay on why you have chosen a career as an office professional and what you plan to achieve in your career. The essay must be *typed*, double-spaced, and included with this application.

**REFERENCES:**

Enclose two letters of recommendation on your behalf. These letters should attest to your personal, education, and/or employment accomplishments.

**TRANSCRIPTS:**

Attach copies of transcripts or scores from high school, GED, or college, as applicable.

\*\*\*\*\*

**AGREEMENT:**

*It is my understanding that I will enroll with an accredited university, college, junior college, community college, or technical/vocational school for the purposes of pursuing a career in disabilities services for the quarter/year for which the scholarship is assigned to me. If these criteria are not met, I understand that the scholarship will be forfeited and must be returned to Wings Chapter, IAAP.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date