

The Altrusa Betty Johnstone Scholarship for a Student in Transition

In 2020, Altrusa International of St. Augustine, Inc. will award a \$500.00 scholarship to a student attending First Coast Technical College

Qualifications

The applicant must:

- 1. Be a U.S. citizen, and a resident of St. Johns County for at least one year.
- 2. Have received a high school diploma or G.E.D. and be a full-time student.
- 3. Provide information regarding any financial assistance currently being received.
- 4. Provide two letters of reference: one personal (not a relative) and one professional (teacher, school administrator, or professional mentor). If currently employed or doing volunteer work, provide a letter of reference from a supervisor or manager in lieu of the personal letter.
- 5. Be available to attend a future meeting of the Altrusa Club.

Deadline to Submit Completed Application and Letters of Recommendation:

Thursday, November 1, 2019

Submit to: FCTC Education Foundation St. Augustine Campus College Advancement 904-547-3386 2980 Collins Avenue St. Augustine, FL 32084 email to fctcedfoundation@stjohns.k12.fl.us

Scholarship funds may be used for tuition and/or career expenses. Incomplete applications will not be considered.

Recipients of this scholarship will be informed of our decision no later than December 3, 2019 Questions? Please contact Mimi Cooper, Scholarship Chair <u>mimicooper@verizon.net</u>

The Altrusa Betty Johnstone Scholarship

NAME:				
	Last	First		М
HOME ADDRESS:	Street	City	ST	ZIP
TELEPHONE:	Home	Cell		
EMAIL ADDRESS:				
AREA OF STUDY:	GPA:			
START DATE:	EXPECTED COMPLETION:			
LIST PRIOR SCHOOL AND COMMUNITY OR VOLUNTEER ACTIVITIES, HONORS & AWARDS:				
EMPLOYMENT HISTORY (Beginning with the most recent):				
EMPLOYER ADDRESS		<u>- SS</u> <u>D</u>	DATES (from/to)	POSITION
REQUIRED ESSAY: Attach a 1 to 2 page essay describing your personal and educational goals. Tell us why you should receive this scholarship. Include any information that will help us with our decision.				
Are you currently receiving other financial aid? Yes No				
I acknowledge that this application will be shared with the ABJS Committee.				
STUDENT SIGNATURE: DATE:				

Application