

Robert J. and Helen F. Johnston Memorial Scholarship Fund

First Financial Bank NA, Trust & Asset Management ~ Pontiac

INSTRUCTIONS

Multiple Awards

Purpose: First Financial Bank NA serves as Trustee of the *Robert J. and Helen F. Johnston Scholarship Fund*. The Trustee is directed to solicit applications for scholarships from graduating Pontiac Township High School seniors.

1. Completed application packets are to be delivered to the Pontiac Township High School Guidance Office on or before **Monday, March 1, 2021** and must contain the following.
 - Completed Application with original signatures.
 - Certified Transcript ~ identifying ACT scores, GPA and Class Rank (# out of #).
 - Letter of Recommendation from Teacher and Administrator, copies accepted.
 - Scholarship Instruction sheet.
2. Applicant selection will be based on:
 - Character
 - Scholastic achievement
 - Professional promise
 - Career Plans
 - Community involvement
 - Financial Need
 - Letter Recommendation of Teacher and Administrator
 - Ranked in upper 25% of class
3. There are no restrictions on the applicant's selection of an institution for continuing education.
 - College
 - Vocational School
 - Technical School
 - Other advanced study
4. The applicant's program of study must begin in the same year of graduating from high school.
5. The scholarship check will be issued to the institution for the benefit of the student.
6. The Selection Committee will be appointed annually by the Trustee and all decisions are final.
7. Recipients will be announced at the Pontiac Township High Schools Honors and Awards Night.

ATTACH THIS INSTRUCTION SHEET TO BACK OF APPLICATION.

Robert J & Helen F Johnston Memorial Scholarship Fund

First Financial Bank, Trust & Asset Management ~ Pontiac

APPLICATION

1. Applicant _____
- Address _____ Phone _____
- City, State, Zip _____
- Email Address _____
- Place and date of birth _____ High School
Graduation Year _____

2. Please state your career plans, including the major field of study and the institution you plan to attend. Any past employment or experiences may be included.

Field of Study _____ Institution _____

3. List your participation in school activities and offices held.

4. List your participation in community activities and offices held.

5. Are you applying for any other scholarships? ☐ YES ☐ NO

If yes, please list below and indicate the amount. Mark those scholarships received.

<u>Scholarship</u>	<u>Amount</u>	<u>Received</u>

6. Name of Parent/Guardian

Address

Phone

 Email Address

Parents' Adjusted Gross Income from 2020 Federal Income Tax Form \$

Father's Employment

Mother's Employment

Number of dependents on this income:

 Number of siblings in college:

7. Have you or will you complete the Federal Student Aid application? ☐ Yes ☐ No

If yes, please identify your Estimated Family Contribution from the your application \$

8. Identify the following continuing education costs for one year:

Tuition \$_____, and Room and Board \$_____

9. Indicate the amount of financial aid available from parents, guardian, or other organizations per year \$_____. If the financial aid is not cash, please explain:

10. Do you have part-time or summer employment? ☐ Yes ☐ No
If yes, please list your employer, position and earnings.

<u>Employer</u>	<u>Position</u>	<u>Earnings</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

11. List three personal references, non-family members, who would attest to your work habits and character.

<u>Name</u>	<u>Address</u>	<u>Occupation</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

12. The application packet must include the following items.
 - A. Completed Application with original signatures.
 - B. Certified Transcript ~ identifying ACT Scores, GPA and Class Rank (# of #).
 - C. Letter of Recommendation from Teacher and Administrator.
 - D. Scholarship Instruction Sheet.
13. All scholarship award checks will be payable to the institution for the benefit of the recipient.
14. The Selection Committee has the exclusive right to select scholarship recipients and all decisions are final.
15. I certify that I have completed this application and all statements are true and correct to the best of my knowledge.

Applicant's Signature

Applicant's Social Security #

Parent or Guardian's Signature

Date

Please include all items and or information requested in the Instructions.