JOHNSON MEMORIAL SCHOLARSHIP

Application may be completed and returned to the Lillie B. Johnson Foundation in loving memory of Curtis and Lillie B. Johnson of Alamo, Georgia.
Application should be mailed to:

Lillie B. Johnson Scholarship Foundation
c/o Dr. Keith Geter
180 Westbrook Rd. Gordon, Ga. 31031

Important Information:

1) The scholarship this year is $500 for two exceptional students to use in pursuing certification, college degree, or a license program. This scholarship is available to any graduating senior that meets the requirements.

2) Deadline for receiving the application: (**March 31, 2026 this year)**

3) Only the winners will be notified. **The first Friday of June of each year or at the schools' scholarship award program whichever comes first,** will be the date by which winners will be notified. The check for $500 will be mailed to the winner as soon as a note of acknowledgment (through email) from the winner is received. The note will be used by the Lillie B. Johnson Foundation as verification.

4) All material is to be mailed in one package to the address above.

   A) Printed application form

   B) A sealed letter of recommendation from any teacher or administrator not related to a separate sealed envelope. Since this is a busy time of the year for staff and supervisors, it might be helpful if you request this letter early.

JOHNSON MEMORIAL SCHOLARSHIP APPLICATION

NAME_____

COUNTY_____ CURRENT GRADE LEVEL_____

ADDRESS_____

TELEPHONE(Mobile)_____ EMAIL _____

EDUCATIONAL INSTITUTION TO BE ATTENDED:

_____

A COPY OF THE ACCEPTANCE LETTER TO THE SCHOOL, TECHNICAL COLLEGE, OR LICENSE PROGRAM MUST BE ATTACHED TO APPLICATION.

Purpose in pursuing higher education

Desired Education Degree_____

Advanced Degree_____
Level_____

Desired Certification_____
Field(s)_____

Desired License/Endorsement_____
Field(s) _____

Other__ Describe_____

Please limit responses to space provided (write legibly) or attach typed responses:

1) **What is your goal for yourself in pursuing a higher level of education?**

2) **Briefly explain your personal and financial need for the Johnson Memorial Scholarship.**

3) **How do you serve your community in meeting its needs? List any civic organizations that you are a member for this purpose.**

4) **Describe your involvement in special school activities – clubs, student council, sports, etc.**

5) **In one or two sentences, tell us why you feel you should be granted this scholarship.**

CHECK OFF LIST

___Email address

___Completed Application

___Sealed letter of recommendation from a non-relative TEACHER/ADMINISTRATOR. The letter should be sealed in a school envelop and mailed with your application.